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Sexuality education policy implementation in two rural midwestern communities: A comparative case study

Adam Foley
Iowa State University

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**Sexuality education policy implementation in two rural
midwestern communities: A comparative case study**

by

Adam Foley

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Education

Program of Study Committee:
Warren Blumenfeld, Major Professor
Ellen Fairchild
Isaac Gottesman
Patricia Leigh
Joel Geske

Iowa State University
Ames, Iowa
2013

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Throughout my undergraduate and graduate careers, I have had the pleasure of finding myself in the classrooms of some amazing educators. I can't possibly list them all, but they all share a common thread. Those educators pushed me, kept me eager to learn more, discuss more, and read more, and they took the time to connect with me individually and let it be known that they shared my passion for learning. Students figure out very quickly if a teacher or professor wants to be there and is excited about what they are teaching, and I will always make that fact abundantly clear to my own students.

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ABSTRACT

This study seeks to further interrogate the sexuality education debate from the perspective of the educational policy being implemented to achieve established curricular requirements and goals in rural midwestern communities. To this point, very little research has examined the way in which sexuality education curricula are implemented in these communities. The overall purpose of this study was to provide a qualitative case study analysis of sexuality education policy implementation in two rural midwestern communities in the state of Iowa. The researcher was interested in learning how local agents in rural midwestern communities implemented sexuality education policy, and understanding that process from a social cognitive theoretical framework.

A qualitative case study methodology was used for this study. Seven local implementing agents from two rural school districts in the state of Iowa were interviewed, and relevant documents pertaining to the implementation of sexuality education policy were analyzed. The case study methodology provided the opportunity for participants to share individual values and beliefs regarding sexuality education policy, and discuss their experiences implementing this policy.

Analysis of the data was guided by the following research questions: (a) what are the roles of individual implementing agents in the implementation of sexuality education policy in two rural, midwestern school districts? (b) Are there significant individual and group influences on how implementing agents choose to implement sexuality education policy? (c) What is the community context in which implementing agents implement

sexuality education? How significant is that context to implementing agents' decisions regarding sexuality education policy implementation? and (d) how is sexuality education policy implementation organized and administered in rural midwestern school districts? Analysis revealed four interactive themes that shed light on how sexuality education policy is implemented in rural midwestern communities: (a) values and beliefs of implementing agents; (b) community context; (c) implementing agent interaction; and (d) organization and administration of sexuality education. Limitations, future research suggestions, policy and practice implications, and conclusions were identified.

CHAPTER 1

INTRODUCTION

The topic of sexuality education is one that has garnered the attention of educators, religious and political leaders, and parents with even more increased vigor in recent decades (Klein, 2008). However, the debate over how to properly educate young people on matters of sex and sexuality is by no means recent (Moran, 2000). These debates have been historically situated within the larger educational landscape in our country and additionally influenced by various social institutions. Resulting sexuality education policies have not been implemented equally to all students.

Differences in curricular decisions and educational outcomes have historically been the purview of local school districts. The communities they represent influence these districts. General research on differences in urban and rural education policy implementation has been established (Hartley, 2004; Stern, 1994). However, very little research has examined sexuality education policy implementation in rural school districts. This study examines how sexuality education policy is implemented in two rural, midwestern school districts in the state of Iowa through a social cognitive theoretical lens.

Significance of the Study

“One fourth of U.S. schoolchildren go to schools in rural areas or small towns of less than 25,000 population. Fourteen percent go to school in even smaller places with fewer than 2,500 people” (Beeson & Strange, 2000, p. 63). Rural areas are often seen as lacking the social concerns associated with larger urban areas, such as teen pregnancy

and STI contraction, and rural youth are then seen as being insulated from these concerns (Blinn-Pike, 2008; Champion & Kelly, 2002). Sexuality education curricula are generally focused on addressing these social concerns. There is also a common belief that rural youth benefit from a better standard of living as a result of closer family relationships and community ties, as well as support from religious institutions (Blinn-Pike, 2008). This belief then results in less perceived need for sexuality education, despite evidence that demonstrates the prevalence of these social concerns in rural communities (Alexander et. al., 1989; Blinn-Pike, 2008; Blinn-Pike et al., 2004; National Center for Health Statistics, 2001).

This belief, coupled with more limited research access, as well as actual research, to rural communities, has resulted in a majority of sexuality education research being conducted in urban areas. Broadly, there is a need for school-based sex education research to include urbanicity and school size as school-level variables in future research (Blinn-Pike, Berger, and Rea-Holloway, 2000). As a result, researchers have called for more research regarding the sexual attitudes and behaviors of rural youth as well as investigating the context (school and community) in which these attitudes and behaviors arise (Blinn-Pike, 2008). The lack of additional research since this recommendation was made lends further credibility to the need.

Numerous actors play a role in the implementation and adoption of sexuality education. There is, however, very little research exploring how these stakeholders in a rural setting negotiate the implementation and adoption of sexuality education policy. Research has been conducted in rural communities in the Southern U.S. on a limited

basis (Alexander et. al., 1989; Blinn-Pike, Berger, and Rea-Holloway, 2000; Carter & Spear, 2002; Champion & Kelly, 2002; Smith & DiClemente, 2000). Additionally, limited research has examined sexuality education policy in neighboring midwestern states (Eisenberg et al., 2008; Eisenberg et al., 2012). Additionally, distinguishing characteristics between communities defined as “rural” and those defined as “urban” are inconsistent and vary greatly within the research that does exist. Not only do rural and urban communities differ, but also regional differences in terms of community beliefs and practices exist.

Recent U.S. educational policy, including sexuality education policy, has shifted significant aspects of control from local community leaders to state and federal agencies as an emphasis on standards and accountability increases. However, research has indicated gaps between state and federal policy mandates and the implementation of those mandates at the local level, which demonstrates the significant impact that local communities still have on actual educational practices. The thoroughly debated topic of sexuality education is thus highly susceptible to local influence, despite shifts in state and federal policy. In addition, this topic has experienced an increased societal repression in the context of a larger repression of sexuality as a whole. The local educational context in rural Midwestern communities is not yet fully known with regard to sexuality education.

These gaps result in differential influences on policy implementation and adoption, and can thus impact the way in which sexuality education is ultimately presented. In order to understand sexuality education policy implementation in rural

communities, research must be conducted in the schools implementing the policy (Kendall, 2008). A gap in the literature base exists, and a case study that compares and contrasts the implementation and adoption in two rural Midwestern communities would provide much needed discussion on how state and federal policies regarding sexuality education are implemented and adopted at the local community level. The decision to examine two separate communities will allow me to strengthen my observations by testing the patterns and inferences, thereby supporting the believability and credibility of the ideas I put forth (Schreiber and Asner-Self, 2011). This information would further inform scholars, researchers, educators, parents, students, and community leaders.

Significance for Research

Sexuality Education research has been increasingly seen as risky, which has resulted in more educators and researchers moving their work out of the classroom and into community settings (Fields & Tolman, 2006). This waning enthusiasm for school-based comprehensive sexuality education and research is just one identifiable result of the overall societal repression of sexuality. As a result, “researchers seek venues that seem less fraught with trouble and that make the business of education and research less risky” (Fields & Tolman, 2006, p. 63).

As a result of this hesitation to conduct sexuality education research in the schools in general, my study has even greater significance for research. Despite the obstacles that researchers face, the fact that schools are where young people spend a majority of their days means that this work is crucial to understanding how best to serve young people. “Sexuality education and research are fundamental to young people

learning about sexuality and to communities gleaning accurate information about young people's sexuality" (Fields & Tolman, 2006, p. 64).

In summary, a hesitation on the part of researchers, coupled with a lack of accessibility to rural communities (Blinn-Pike, 2000), has resulted in very little currently available research on sexuality education in rural America (de Coste, 2011). What little research that has been conducted on rural populations has not been located in the Midwest, where significant community values and characteristics play a role in the implementation of sexuality education policy. This gap in the research makes my study significant for the understanding of sexuality education policy implementation in rural communities.

Significance for Policy

In addition, policy decisions must be informed by research that demonstrates how it will be effectively implemented. In rural communities, factors such as size, poverty, geography, local control, and diversity have a large impact on policy implementation (de Coste, 2011). As a result, rural communities become much more dependent than urban communities on federal and state funding for education, which can have a significant impact on sexuality education policy implementation as a result of current and past federal funding streams.

As such, my study has significance for policy. The goal of my study is to examine sexuality education policy implementation in rural Midwestern communities in order to provide a clear picture of the factors influencing implementing agents' choices

and actions. This study provides policymakers a clearer picture of how sexuality education policy is implemented, which will help inform how policy is written.

Purpose of the Study

This study is a discussion of the current environment for sexuality education, and the role of local implementation agents in the adoption of sexuality education policy. I discussed a selected history of sexuality, as well as the history of sexuality education in the United States. I provided a history and current context for educational policy implementation in the United States, and identified the roles of federal and state governments and agencies, as well as those of local school districts and communities. I then conducted a comparative qualitative case study to examine the way in which specific implementing agents in two rural districts approach the implementation of sexuality education policy.

These parallel historical perspectives allowed the current debate over sexuality education to be properly situated, and provided context for my research. This review of the literature allowed for a proper consideration of the two rural midwestern school districts I have examined through qualitative interviews and document analysis of sexuality education curriculum materials and additional outside documentation in both districts. Currently, much of the research on sexuality education is normed on urban populations, so my work in examining sexuality education policy implementation in rural midwestern communities fills a gap in the literature.

This study has been situated within a social cognitive theoretical framework. This perspective enabled me to capture the interconnectedness of the values, beliefs, and

influences that served as factors influencing sexuality education policy implementing agents in the two rural midwestern school districts that served as the sites for this study. Social cognitive theory served to best contextualize my findings and create a rich, and enlightening discussion.

Setting

My research study was conducted in a relatively small rural Midwestern state. Two rural counties were selected in the state, and each county contains one centralized rural school district. In South County, the Square District was studied, and serves young people throughout the county. In North County, the Circle District was studied, and serves young people throughout the county. A more detailed description of the setting is provided in chapter four.

Sample and Data Collection

My research sample consisted of administrators and educators in two rural school districts in a small rural Midwestern state. In total, seven sexuality education-implementing agents were interviewed. Three agents from Square District, and four agents from Circle District provided information on how sexuality education policy is implemented in their respective rural school districts. These individuals encompassed those individuals primarily responsible for sexuality education policy implementation in each district. A more detailed description is provided in chapter three.

Data were collected from semi-structured and audio-recorded qualitative interviews with administrators and educators and document analysis of relevant curricular materials, school board documents, community newspapers, state policy

documents, and other pertinent information. As with all document analysis, conclusions were not reached solely based on the documents analyzed, without first verifying transcripts with participants (Tuckman, 1999).

Research Questions

Overall, my primary investigation is of sexuality education policy implementation in rural school districts. Under this, I am attempting to address:

- How are state sexuality education policies implemented in two small, rural Midwestern school districts?

More specifically, I sought to understand:

- What are the roles of individual implementing agents in the implementation of sexuality education policy in two rural, midwestern school districts?
- Are there significant individual and group influences on how implementing agents choose to implement sexuality education policy?
- What is the community context in which implementing agents implement sexuality education? How significant is that context to implementing agents' decisions regarding sexuality education policy implementation?
- How is sexuality education policy implementation organized and administered in rural midwestern school districts?

Key Terms

The controversial nature of the debate over sexuality education is due in large part to disagreements over language and meaning. As such, I feel it is important to clearly define significant terms that appear throughout the remainder of this study. A

clear understanding of the meaning associated with each term will allow the reader to more fully comprehend the findings and significance of the study. Below are definitions for four major terms that play prominently throughout the study.

Agent

For the purposes of this study, “agent” refers to an individual directly implementing state sexuality education policy within a school district. Identifying and understanding all relevant agents becomes the first step in the analysis of policy implementation. It is thus important not only to identify those who have direct decision-making powers, but also those who support and implement those decisions, and others who may have an interest in the decision, either internal or external to the organization (Schattschneider, 1960, as cited in Malen, 2006). Within the educational system, hidden participants can play increasingly important roles as well (Henig et al., 1999; Muncey & McQuillan, 1998; Orr, 1999; Portz et al., 1999).

Moreover, the venues in which these agents interact are not neutral spaces either, and this also has ramifications. Ultimately, every agent has different personal and professional interests and values, which play a role in their decision-making process. These factors demonstrate that translating policy into practice is not a straightforward, predictable, or controllable process (Bryk et al., 1998; Kanter et al., 1992; McLaughlin, 1987).

Implementation

Implementation involves the interaction between the goals set by policies and how various actions serve to achieve those goals. Policy goals are carried out, accomplished, fulfilled, produced, completed and subverted through implementation (Pressman & Wildavsky, 1973). Implementation becomes a complex and convoluted process involving the interaction of various agents (Fields, 2008; Lipsky, 2010). The overall implementation of sexuality education policies involves the process whereby federal entities provide funding to states and other grant recipients for various versions of sexuality education. These recipients in turn implement their chosen curricula in classrooms and community settings. Implementing agents in schools are thus responsible for interpreting sexuality education policy before implementing it.

Rural

For the purposes of this study, the Census Bureau definition is utilized. The U.S. Bureau of the Census defines rurality as a population less than 2,500. This definition allowed me the most flexibility in terms of accessing rural communities in the state of Iowa. A more detailed discussion of rural in the context of rural school is presented in chapter three as well.

Typically, the four most often cited definitions for “rural” come from the U.S. Bureau of the Census, the Office of Management and Budget (OMB), the U. S. Department of Agriculture’s Economic Research Service (ERS), and the National Center for Education Statistics (NCES) (Khattri, Riley, & Kane, 1997). For the purposes of this study, the Census Bureau definition is utilized.

Sexuality Education

Central to the debate over sexuality education is the definition of the term itself. Without question, defining this term is a difficult task (Campos, 2002). The challenge of adequately defining sexuality education is one that has been recognized for many years (Bruess & Greenberg, 1981). Distinguishing sex from sexuality provides further guidance for our definition. As early as 1973, Patricia Schiller discussed finding out about sex as:

- Learning factual information on all aspects of sex
- Learning about the sexual self
- Learning about the opposite sex
- Learning about the sexual behavior of others
- Learning that sex is a part of life

Although Schiller failed to problematize notions of sex and gender as binary, these characteristics helped to form a framework for understanding how we communicate about sex and sexuality. Additional research, discussed in chapter 2, interrogates our notions of sex, gender, gender identity, gender expression and sexuality as socially constructed.

Regardless of the ideological stance, certain characteristics provide an overarching definition of sexuality education. It is about human relationships and the private, intimate life of the learner. It involves intense emotions regarding intimacy, pleasure, affection, anxiety, guilt, and embarrassment. It (de)constructs our notions of gender, gender identity, and gender expression. As such, sexuality education is far more than the study of human sexuality (Halstead & Reis, 2003).

The aim of sexuality education is to encourage certain kinds of behaviors, skills, attitudes, and critical reflection (Halstead & Reis, 2003). Defining these attributes becomes the focus of the culture wars that dominate the sexuality education discussion. As a result, a diversity of aims exists for sexuality education. Halstead and Reis (2003), in examining policy guidelines and resources for teaching school sexuality education, suggest the following main aims:

- Helping young people to know about such biological topics as growth, puberty, and conception
- Preventing children from experiencing abuse
- Decreasing guilt, embarrassment, and anxiety about sexual matters
- Encouraging good relationship
- Preventing under-age teenagers from engaging in sexual intercourse (abstinence education)
- Preventing under-age teenage girls from getting pregnant
- Decreasing the incidence of sexually transmitted infections
- Helping young people question the role of women and men in society. (p. 137)

Delimitations

All research studies include initial delimitations. These factors are under the control of the researcher and serve to limit the nature of the dissertation. One such delimitation is the location of the schools. I reached out to school districts identified as rural by the U.S. Census Bureau. My participant pool drew from these districts but was determined based on availability of sexuality educators and cooperation on the part of

school administrators and other applicable personnel. Additionally, I elected to focus on one midwestern state for my dissertation. Additional locations outside the state of Iowa may have produced different or contradictory results.

A second delimitation dealt with the reactive effect of the data collection. The participants in this study were aware they were participating in a dissertation, and thus may have not been candid in their responses. If so, this might have affected the validity of the data collected.

A third delimitation was the choice of theoretical perspective. Social cognition theory has been previously applied to education policy implementation. However, its use in examining sexuality education policy implementation has been less critically examined. Additional theoretical perspectives have been much more widely utilized in the study of sexuality education, and these perspectives may have illuminated differing results.

A fourth delimitation was the focus on two rural school districts. I, as the researcher, ascertained that data saturation had been adequately reached for the purposes of this dissertation. However, the inclusion of additional rural school districts in the state of Iowa may have provided a more complete picture of how sexuality education policy implementation was accomplished in rural school districts in the state.

A fifth delimitation was my choice of methods. A case study approach allowed me to capture certain details from a qualitative perspective that would not have otherwise been discovered. However, this choice may mean I missed other details

relevant to my investigation. Future research employing additional, complimentary methods would thus be recommended.

Although this dissertation did have several delimitations, they did not detract from the overall benefit of the dissertation. The current dissertation is useful because it examined an area of educational policy that was relatively unexplored. It is also useful because it investigated sexuality education policy implementation in an area of the country not yet researched in much detail. A general background and context for the dissertation is useful in order to understand the scope of the work to come.

Background and Context to this Dissertation

Over the duration of the majority Western view of history, the topic of sexuality education has provided us with a variety of debates. We have watched over time as myriad ideas and beliefs have been presented to us as the answer to one puzzling question: what do we teach our young people about sexuality? The answer of course has been hotly contested, and over the past thirty years, with the emergence of HIV/AIDS as an international pandemic and health risk, the rise in teen pregnancy and the contraction of sexually transmitted infections (STIs), abortion debates and women's rights movements, the political emergence of a strong fundamentalist conservative base in our country, the increased visibility of the lesbian, gay, bisexual, transgender, and intersex rights movements, and the on-going debate over marriage for same-sex couples, the *culture wars* have become a hot button issue for politicians, educators, clergy, and parents alike.

During these more recent discussions, the field of activities known as “sexuality education” has grown and changed a great deal (Kendall, 2008). More specifically, this evolution has been the result of “new diseases, technologies, economic impetuses, and social relations, as well as new ideas about what roles public (government-run) institutions should or should not play in providing sexuality education” (Kendall, 2008, p. 1). As a result, the field of sexuality education is an extremely diverse field, with a wide range of research areas, ideologies, methodologies, and attempts at implementing and impacting policy.

Although we very often associate the study of sexuality with modern ideas of gender and sex, the topic of sexuality has been addressed throughout the short history of the United States. Until the 20th century, these conversations have been the responsibility of the family, and have been a non-state affair (Kendall, 2008). More recently, beginning in the early 20th century, sex education has taken on a political focus, seen as being divided along party lines (Moran, 2000). That division was evident when Dr. David Satcher, who was appointed Surgeon General by President Clinton, released a report in June 2001 entitled “The Call to Action to Promote Sexual Health and Responsible Sexual Behavior”, which urged “equity of opportunity for sex education through detailed classroom instruction” (Nelson & Martin, 2004, p. 1). Conservatives, who were at the time a slight majority in Congress, were outraged and liberals were just as thankful and hopeful.

With the emergence of sexuality education as a cultural marker of contemporary society, these recent trends have demonstrated a substantial shift in gender relations and

a conflicting globalization of ideas among various stakeholders in the U.S. As such, Maddock (1997) reflects on the following inherent tensions, which are import to understanding the history of sexuality education and its current discourse:

- Tension between sexuality as good and sexuality as evil.
- Tension between individual freedom and social order.
- Tension between masculinization and feminization of sexuality.
- Tension between conformity and diversity in sexual expression.
- Tension between sexuality information as power and sexuality information as control.
- Tension between eroticism as pleasure and eroticism as danger.
- Tension between sexuality education for competence and sexuality education for safety.
- Tension between traditionalism and progressivism with regard to sexual attitudes and ethics.
- Tension between sexuality as public concern and sexuality as private experience. (p. 3)

As these shifting foci have evolved, state control of sexuality information and education has changed in significant ways. As Kendall (2008) asserts, these shifts have been the result of (a) increased access to new media such as the Internet, (b) the growing market for commercial sexuality education products, (c) expanded funding for sexuality education provided by community-based and faith-based organizations, and (d) the significant increase of state-sponsored sexuality education in such institutions as public

schools (p. 2). These changes have only increased the intensity of the so-called *culture wars*.

It is clear that sex education is not a stable entity, but rather quickly responds to the current national sentiment or present crisis (Moran, 2000). As such, Nelson & Martin (2004) point out that sex education has functioned in a number of conflicting ways over the years, serving:

to instill moral and physical self-control but also to remove inhibitions; to help contain the sexual energies of the young, the poor, or the racial Other but also to profit from them; to advance but also to retard the cause of feminism; to preach both tolerance and intolerance of sexual minorities; to disguise the marketing of commercial products and gender-role stereotypes alike. (p. 2)

Furthermore, information about sexuality has been communicated within our society through a variety of means, one of which being the modern school system.

Policy implementation in certain settings has garnered increased attention in public schools due to the required time spent in the classroom by young people. Various curricula have been developed, and educators have been entrusted with conveying this information to young people, either as supplemental to other sources of information, or as the sole delivery method (Halstead & Reiss, 2003). As Kendall (2008) asserts, the current research traditions related to the examination of school-based sexuality education programs each provide significant contributions to the literature with regard to how to understand the effects of such education. However, “little serious consideration is given

to recognizing educational institutions as the physical and cultural sites within which sexuality education occurs or to analyzing the unintended effects of sexuality education on people's daily educational experiences and lives" (p. 26).

Overall, much research has been done to measure knowledge of sexual health (Allred, David, & Smith, 2003), as well as focusing on sexuality educators themselves and their views, experiences, and effectiveness delivering sexuality education (Allred, David, & Smith, 2003; Berger et. al., 2008; Cohen et. al., 2004; Haignere et. al., 1996; Hammond & Schultz, 1984; Howard-Barr et. al., 2005; McFayden, 2004; Price et. al., 2003; Tietjen-Smith, Balkin, & Kimbrough, 2008; Timmerman, 2008; Wight et. al., 2002). There are also numerous studies that have examined views of parents regarding adolescent sexuality and sexuality education (Block, 1979; Brock & Beazley, 1995; Constantine, Jerman, & Huang, 2007; Eisenberg et. al., 2008; Horner et. al., 1994; Ito et. al., 2006; Jaccard, Dittus, & Gordon, 1998; Jordan, Price, & Fitzgerald, 2000; Klein et. al., 2005; Libby, 1971; McKay, Pietrusiak, & Holowaty, 1998; Price et. al., 1999; Sulak et. al., 2005; Weaver et. al., 2002).

In addition to teachers, administrators, and parents, community leaders also engage in sexuality education. Religious and spiritual groups, as well as community advocacy groups, participate in the delivery of sexuality education (Alton, Oldendick, & Draughon, 2005; Coyne-Beasley & Schoenbach, 2000; Guzman, 2003; Weiss et. al., 2010; Yip, 2010). Each of these stakeholders plays a role in sexuality education policy implementation, either directly or indirectly, in close-knit rural communities.

A small amount of research has been conducted on rural communities in the southern United States (Fields and Tolman, 2006; Fields, 2008; Luker, 2006). However, “Overall, sexuality education in rural America appears to be a non-issue in academic and government research, for there is very little research available” (de Coste, 2011, p.10). Additionally, no significant body of literature exists that examines sexuality education in rural midwestern communities.

Generally speaking, sexuality education policy implementation is composed of four levels (Desimone, 2009). First, at the federal level, funding is provided to state and local education agencies and community-based organizations through grants. Grantees must then comply with federal funding requirements. Second, at the state level, laws are created governing sexuality education. Most states adopt policies to direct local school districts in developing programs. Approximately half of all states have adopted state curricula. States may also provide technical assistance, oversight, and material resources to local school districts.

Third, at the local school district level, the adoption of sexuality education policies takes place. Local school districts may or may not be required to use state-adopted curricula or frameworks in developing their programs, depending on state requirements. The fourth level of policy implementation involves parents and community members. Most states allow parents to remove children from class, and local school districts may make materials available for parent review or ask parents, students, and community members to serve on advisory committees.

Unlike many other educational areas, sexuality education is not guided by a uniform set of standards. However, a coalition of several organizations, including Advocates for Youth and the Sexuality Information and Education Council of the United States (SIECUS) released the *National Sexuality Education Standards* in 2012. These standards were designed to:

- Outline what, based on research and extensive professional expertise, are the minimum, essential content and skills for sexuality education K–12 given student needs, limited teacher preparation and typically available time and resources.
- Assist schools in designing and delivering sexuality education K–12 that is planned, sequential and part of a comprehensive school health education approach.
- Provide a clear rationale for teaching sexuality education content and skills at different grade levels that is evidence-informed, age-appropriate, and theory-driven.
- Support schools in improving academic performance by addressing a content area that is both highly relevant to students and directly related to high school graduation rates.
- Present sexual development as a normal, natural, healthy part of human development that should be a part of every health education curriculum.
- Offer clear, concise recommendations for school personnel on what is age-appropriate to teach students at different grade levels.
- Translate an emerging body of research related to school-based sexuality

education so that it can be put into practice in the classroom. (National Sexuality Education Standards, 2012)

These standards represent the first step towards the implementation of universal sexuality education policy in public schools throughout the United States.

Thus, although the debate of the content and delivery of sexuality education is not new, it is still just as complex as it was one hundred years ago as the social hygiene movement was taking shape. Advocates on all sides provide compelling arguments for the implementation of their version of sexuality education. However, as Luker (2006) points out, we often fail to acknowledge the larger context. “Fights about sex are also fights about gender, about power and trust and hierarchy, about human nature, and, not surprisingly, about what sex really is and what it means in human life” (p. 7).

It is with this historical knowledge and understanding that I enter the conversation concerning sexuality education policy implementation. This dissertation will in fact make clear that “further research is needed to determine how sexuality education is implemented” (de Coste, 2011, p. 10). I have given a great deal of thought as to my own positionality within this conversation, and in keeping with qualitative research methodology, I feel it is important that I discuss my positionality in more detail. Doing so will give you, as the reader, a better understanding of how and why I came to be discussing this particular topic at this point in time.

Discussing my Positionality

Acknowledging my own positionality within my work will allow me to establish trustworthiness (Lincoln & Guba, 1985). I will do this by establishing credibility through

acknowledging the role my own prior experiences have played in my cognitive perspective. I will aim for transferability (through thick description), dependability (through an inquiry audit), and confirmability (through a confirmability audit, maintaining an audit trail, triangulation, and reflexivity) (Lincoln & Guba, 1985).

My positionality offers an important lens through which to view the context for this research dissertation. The demographics of the state of Iowa are such that my multiple identities as a White European-heritage, U.S.-American native-born, Heterosexual, Christian, Cisgender, middle-class, English linguistic-background, able-bodied male means I represent the majority in all areas. I am aware of the privilege this identity in addition to my advanced educational degrees provide me in the research process, as well as in the interactions I have with interview participants. My identities and educational background provided me with credibility as a researcher and aided in the ease with which I communicated with interview subjects.

More particularly, my educational and personal history has played a role in the development and completion of this research project. In many ways, my experience with sexuality education has been separated into two segments of my life. Growing up, my family was very socially liberal and open about discussing anything that I wanted to bring up in conversation. My father especially encouraged me to explore various forms of knowledge, and this led me to become an intellectually curious child. I had access to a wide range of books, and my father engaged me in intellectually stimulating conversation from an early age. This helped my curiosity grow and fed my thirst for knowledge in all forms.

However, the topic of sexuality did not come up to any great degree in conversation within my home. My sexuality education in school was very limited, mostly consisting of the biological components of sex. The school district I grew up in, although demographically suburban, had a great deal in common with the schools involved in this research dissertation. There was a significant emphasis placed on the value of the traditional, heterosexual, nuclear family, and the population of my community was also majority White, Christian, and originated in the midwest as well. Aside from my socio-economic status, my own identity reflected the majority in my community.

My own community, despite its proximity to various large metropolitan areas, remained largely uninfluenced by diverse cultural experiences and diverse populations. The school district itself used a traditional scare approach, making sure that our image of STIs and other related subjects were disturbing enough to ensure we remained abstinent. Outside of health class, teachers were quite skilled at avoiding the subject, despite the constant inappropriate language and name-calling, which reflected negative images of sex and sexuality. My own academic success meant I was the target of much of this name-calling.

As I think back on the inability of teachers to address this language, I remember very clearly getting the message that it was not a big deal, and something you just handled. As I think about it now, I realize that these teachers either were not expected to confront this behavior, didn't see it as a problem, or were clearly not comfortable enough with the subject themselves to engage their students in discussion. In many

ways, this ignorance and ignoring of the behavior led me to believe it was something I should just put up with, and that I was not to bring it up with teachers or ask questions, whether about language, or about anything regarding sexuality at all. As I reflect on those experiences now, I am drawn to wonder how thoroughly and effectively the sexuality education policy in place at the time was communicated to implementing agents in my school district.

It seems almost clichéd to say that college opened my eyes to a whole new way of viewing sex and sexuality, but it was in fact the case. From the day I stepped foot on campus, my views began to change. As a first year student, I had already decided I would major in biology and go on to medical school. I became involved my first year in a health advocate group, which provided me with a great deal of health-related training, including discussions about sexuality that I had never encountered before. My interest was immediately sparked, and I developed a passion early on for educating other students on health-related matters, including issues related to sex and sexuality.

My passion continued to grow as I got more and more involved on campus. I quickly realized there was a great deal that I was unaware of, and my thirst for knowledge led me to ask more questions and seek out more knowledge. My interest grew so much that coupled with my involvement in leadership activities, I chose to change my major and pursue a different career path. I eventually focused a great deal of my degree program on sexual health education, taking all of the relevant classes offered.

At the same time I was exploring sex and sexuality education, I was also growing more and more passionate about issues of multiculturalism and social justice. I had

several mentors in college who provided me with some unique perspectives that my own privilege had never allowed me to explore before, and once my eyes were open, there was no way to close them.

These experiences were simultaneously significant in the context of my current positionality, and a result of my identity. My educational opportunities positioned me to ask the questions I have asked, and to take the time to reflect on my experiences. In addition, my status as a White heterosexual male meant my own sexual identity was rarely questioned, which has left me freer to pursue the questions I ask now.

The freedoms with which I have pursued my questions have been heavily influenced by my majority identity. Knowing what I now know about the social construction of race and sexuality, and the influence these factors have on identity, I am convinced that I would have faced far more rigid identity expectations as a person of color, gay, bisexual, or transgender individual, female, or a person with a disability. Statistically speaking, there is a significant chance that this research project would have never occurred, had it not been for my majority identity.

Reflecting on the evolution of my intellectual interests, I am also struck by the experiences I didn't have, which also guided my journey as a researcher. My privileged social positionalities have meant that I have not had to experience many of the issues of power and oppression that I now hope to combat with my work. Additionally, although my K-12 sexuality education was basically non-existent, I still had the privilege of a college education in which to explore these issues, and the privilege of family members who were well informed and able to address questions I may have had. Unfortunately,

this is not the case for many students in our K-12 system, or many K-12 educators.

These experiences, both personal and educational, have helped guide me in the direction my research is taking me now, and they will no doubt continue to have an impact on my work.

As a result of these experiences, I have some very strong assumptions about the topic I am working on. I strongly believe that many pre-service teachers are not adequately prepared to have conversations about sex and sexuality, nor are they adequately prepared to provide a multiculturally inclusive curriculum for their students. Furthermore, I do not believe that most teacher preparation programs view these topics as important enough for all future educators to understand, at times not even providing coursework in this area. This is in spite of growing evidence (Gabb, 2004; Irvine, 2004; Sinkinson, 2009) that indicates teachers need to be knowledgeable, and must be able to address and discuss sex and sexuality, and must be able to provide a multiculturally inclusive curriculum. Despite these strong beliefs, I made every attempt to remain objective in the course of my research, and did not discuss my personal beliefs with any of the implementing agents I interviewed.

I see many advantages and disadvantages to where I find myself with regard to this dissertation. I view all of my prior experiences as an advantage because they have not only allowed me to think about what and why this is important, but to realize the impact of not incorporating this educational component into all curricula. In my future work, stemming from this research and beyond, my challenge will not only be to demonstrate the need for this type of education and preparation, but also how it can be

accomplished within the context of the current K-12 educational policy. Each of these factors has contributed to the overall purpose of this dissertation, as I see it.

Organization of the Dissertation

This dissertation is organized into seven chapters. Chapter one consists of an introduction to the topic and research questions, as well as a description of the dissertation itself and its significance in the larger research context. Chapter two provides a more in-depth history of sexuality and sexuality research in order to illuminate the importance of understanding far-reaching concepts in the context of implementing sexuality education. Chapter three provides a more detailed review of relevant literature of all aspects of the dissertation. Chapter four discusses my use of social cognition as a theoretical framework, as well as my methodology, and methods utilized. A more detailed description of the school districts and participants can also be found in chapter four. Chapter five reports on the findings and major themes as a result of the research conducted. Chapter six provides a discussion of important findings, recommendations for policy and practice, implications for future research, limitations, and final concluding thoughts.

CHAPTER 2

SEXUALITY RESEARCH FOUNDATIONS

Introduction

The search for an understanding of sexuality dates back thousands of years, but our modern discussion of sexuality as a socialized and medicalized construct is far more recent. Sexuality research conducted in the last 150 years has formed the foundation for our understanding of the subject and associated language, and has had a significant impact on the scope and sequence of sexuality education in that time. As such, an in-depth understanding of the most significant scholars, researchers, and topics in the field of sexuality research is central to our understanding of how sexuality education policy has evolved, and is ultimately implemented today by local implementing agents entrusted with its care.

The following historical review of the evolution of sexuality and sexology examines the work of researchers and scholars in the field. More specifically, I focus on Richard Von Krafft-Ebing, Henry Havelock Ellis, Robert Latou Dickinson, Alfred Kinsey, William Masters, and Virginia Johnson for their evolving contributions to the field of sexology. Magnus Hirschfeld is featured as a prominent contributor to our understanding of sexuality and identity, and Sigmund Freud furthered many of those ideas. These researchers crafted the contemporary foundations for our understanding of sexuality. As a result, their work has been instrumental to the shaping of sexuality education policy, and their often-conflicting views of the nature of sexuality have

factored heavily in the current debate over the nature of sexuality education policy implementation.

Richard von Krafft-Ebing

While various social and political discourses were taking place around issues of sexuality education, a great deal of research on sexuality in various forms was also taking place and would help to shape our views. Around the end of the nineteenth century came the work of Richard von Krafft-Ebing. A Viennese neurologist and psychologist, he was perhaps the most influential of early researchers on human sexuality. An article published by Krafft-Ebing in 1877 set the tone for future sexological studies. He considered perversions of the sexual instinct to be degenerations of the nervous system (Oosterhuis, 2000). “He divided the abnormalities into a lack of sexual drive, an abnormal increase in sexual drive, the abnormally early appearance of the sexual instinct or presence of the sexual instinct in old age, and finally perversions not directed toward the preservation of the species” (Beccalossi, 2011, p.114). Krafft-Ebing did eventually dissociate homosexuality from psycho-neuropathic degeneration in 1901.

Krafft-Ebing’s 1890 publication of *Psychopathia Sexualis*, a collection of case histories, grouped sexual deviations into four major groups, and led to a much larger body of research. He identified (a) fetishism, (b) sadism, (c) masochism, and began using (d) homosexuality. This text was widely used in the field of medicine and portrayed these deviations as disgusting and pathological. Overall, his work brought the public’s attention to an area of sexual activity that had yet to see any real open discussion.

Krafft-Ebing traced variations in Victorian sexuality to “hereditary taint”; “moral degeneracy” and in particular to masturbation. In his eyes, masturbation was the root of all sexual deviation. He intermingled descriptions of individuals with fetishes who became sexually excited by gloves with those of sadists who disemboweled their victims. His descriptions crafted vivid images for readers.

His case studies were highly sensational, causing much attention to the variety of sexual behavior. He brought out to the public attention an immense range of sexual behaviors that had never been documented in a dispassionate manner. Although others did not consider him a mainstream sex researcher at the time, his work had broad influence on future medical and psychiatric work into the twentieth century.

Krafft-Ebing’s work is not without its critics, of course. His work reflects the growing influence of medicine, in contrast to the declining role of the church. The medicalized case studies represent what Foucault (1976) refers to as the medical construction of sexuality. The focus on deviance and the existence of “perverts” like homosexuals, fetishists, and masochists, did not exist prior to about 1870, according to Foucault. “Before medical theories emerged that lumped together behavior, physical characteristics, and the emotional makeup of individuals, there was no entity that could be delineated as sexuality” (Oosterhuis, 1997, p. 68). Krafft-Ebing’s work ultimately reflected the anxiety and inconsistency surrounding sexuality as the nineteenth century came to a close. However, before Krafft-Ebing’s work even saw the light of day, the language used to discuss sexuality was being crafted and debated.

Magnus Hirschfeld

Magnus Hirschfeld, a German physician and early sexologist, also played a pivotal role in the social construction of sexuality around the turn of the century. Himself a Jewish homosexual and transvestite, Hirschfeld was a central figure in the European homosexual rights movement and coined the term “transvestite”. He established the Scientific-Humanitarian Committee in 1897 with the intent of removing the social discrimination and repealing the German sodomy law (Garton, 2004). The committee published research on homosexuality and petitioned for the decriminalization of homosexuality across Europe. For Hirschfeld, biological determinism was a reason for tolerance (Garton, 2004).

The committee published over twenty pamphlets criticizing the German law, paragraph 175. Hirschfeld unsuccessfully petitioned the government in 1898, and the movement itself was derailed in 1907 by a series of scandals in Kaiser Wilhelm II’s cabinet and entourage (Herzog, 2011). Following the scandals, debate over paragraph 175 began again. Medical experts and lawyers both argued for legalization on the basis that it was congenital and thus a medical matter. In 1912, the government finally agreed and same-sex acts were decriminalized, although it would take another twenty years for it to fully be put into effect (Herzog, 2011).

Hirschfeld argued that most people are born bisexual, and conducted numerous sex surveys. In 1919, he purchased a mansion in Berlin and formed the Institute for Sexual Research. Two years later, he organized the first Congress for Sexual Reform, which led to the creation of the World League for Sexual Reform. The League, although

it did not encompass the world per se, did represent an impressive array of members, totaling 190,000 in all (Herzog, 2011). They demanded the right to divorce, equality for men and women, and the promotion of safe birth control, as well as equal treatment for homosexuals (Herzog, 2011).

The Institute for Sexual Research was widely visited and attracted a great deal of attention (Wolff, 1986). Unfortunately, it also gained the attention of the Nazis, who attacked the Institute on May 6, 1933 and burned many of the extensive library of books he had accumulated. Hirschfeld had already fled Germany by this time, having embarked on a world speaking tour where he was hailed as the “Einstein of Sex”. He eventually fled to France in exile, and died on his 67th birthday on May 14, 1935 (Wolff, 1986). While Hirschfeld continued his work, a new thinker entered the sexuality landscape and would shape our understanding of human sexuality to this day.

Sigmund Freud

At the dawn of the twentieth century, a new wave of sexuality theorizing and research was taking hold of western society. At the forefront of this discussion was Sigmund Freud. His views on sexuality are the basis for countless follow-up studies and theories. As he indicated himself, he was indebted to sexologist such as Havelock Ellis and Krafft-Ebing for his ideas on human sexuality (Freud, 1977). One such area involves the concept of homosexuality, which was just beginning to gain recognition during Freud’s time. His view of homosexuality can be understood in this letter to the mother of a gay son, written late in his life:

Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them. (Plato, Michelangelo, Leonardo da Vinci, etc.) It is a great injustice to persecute homosexuality as a crime -- and a cruelty, too (Freud, 1960, p. 423)

Ideas such as this served as the beginning of a sexual revolution and a greater understanding of exactly what this strange notion of sexuality truly entailed.

Freud focused much of his work on the study of the psychodevelopment of children and how it affected adult life and mental condition. Freud's contributions had far more influence than van Krafft-Ebing, although they also perpetuated a decidedly negative attitude toward most aspects of human sexuality. In 1885, Freud published *Studies in Hysteria*, written in collaboration with Josef Bruer. The book contained discussions of the unconscious mind, repression, and free association, concepts that became the foundation for psychoanalysis. As a result, Freud became convinced that neuroses were produced by unconscious conflicts of a sexual nature, an idea that alienated most scientists of his time.

With the publication of *Three Essays on the Theory of Sexuality* in 1905 came a storm of protests against Freud. It was in this work that Freud developed his theory of infantile sexuality. He attempted to demonstrate how adult sexual perversions were distortions of childhood sexual expressions. Although this idea may seem a bit extreme,

there is a certain level of logic in the idea that sexual identity is formed earlier, and later adult actions attempt to recreate those feelings, but fail to do so, and in the process, become perversions of the previous notions.

Many of Freud's European contemporaries considered Freud's ideas marginal. His work in the US, however, where for a time publishing in the area of human sexuality was dominated by psychoanalysts who espoused Freudian theories of psychosexual development. Today, there is much disagreement as to the value of psychoanalysis and Freud's theories of sexuality, particularly his views about female sexuality. His work led to an increased interest in sex and a willingness to think and talk about sexuality. Freud did not brand sexual behaviors as immoral, criminal, or pathological. Tremendous influence on psychotherapy, specifically with women, psychological theory, and our culture in general

Freud postulated the existence of the libido; a concept describing the sexual longing or sex drive that Freud believed was built into the human psyche. He realized that in addition to this psychological aspect of the sexual instinct there was a physical aspect, involving bodily responses and behaviors. He also introduced the concept of the unconscious mind, purported to control much of human development and behavior even though its thought processes are outside conscious awareness. People are not fully aware of their emotions.

Freud proposed that sexuality is very important in explaining human behavior. He believed that infants are born with a store of sexual energy in the form of the libido. He identified 5 stages in the development of individual's sexuality. During the first two

stages, females and males develop similarly. The sexual energy is undifferentiated and indiscriminate. It can be directed at anything. For this reason, Freud said that infants were “polymorphously perverse.” This energy gradually becomes associated with different pleasurable areas of the body until it finally localizes on the sex organs. Freud believed that it was variations in this process that molded not only the individual’s sexual nature but also the entire personality.

In the first stage, the oral stage, babies focus on the mouth region. This is the reason why children enjoy sucking and putting things in their mouths. As a child then becomes toilet trained and learns how to control pleasurable the retention and elimination of the bowels, his or her libido moves to the anal stage. This is about 2-3 years of age and a time in which girls and boys feel strongly attached to their mothers.

According to Freud, sexual identity begins about 3-4 years of age. This awareness marks the phallic stage. Children begin to be aware of their genitals, and the libido focuses on the penis and the clitoris. Children begin to notice the anatomical differences between the sexes. Boys intensify their love for their mothers but they also suffer from castration complex or Oedipus complex, the fear that their genitals will be mutilated by the father, a competitor for mother’s affection.

Freud suggested, though, that little girls also suffer from a castration complex. They presumably see the male penis, notice the difference between the male genitals and their own, and feel inferior; they develop penis envy. For Freud, penis envy was central to girls’ development during the phallic stage because this envy makes them blame their mothers for not supplying them with the proper equipment. Later theorists have

proposed that daughter's are disappointed by their mother's preferential treatment of their brothers and by males' greater power relative to females, rather than their mother's failure in providing them with a penis (Caplan, 1989; Golombok & Fivush, 1994).

Freud theorized that the disappointed daughter turns from her mother to her father because she hopes that he will give her a penis as a gift – the Electra complex. This desire for her own penis is then transformed into an interest in dolls and a wish for a baby. At this point, too, girls shift their interest from the “masculine” clitoris to the vagina. Girls never fully resolve the interest in their fathers. However, the problem is partially resolved if they identify with their mothers, therefore symbolically achieving sexual relations with their fathers.

The fourth stage, latency stage, is relatively uneventful, and psychosexual development does not move forward substantially. Sexual energies lie dormant while intellectual and social growth continues. The critique here would be that children remain in touch with their sexual and romantic feelings throughout childhood. This stage lasts approximately 6 until puberty.

At puberty, the genital stage begins, and both genders are concerned primarily with intercourse, assuming that their development through the other stages has been “normal.” This theory holds that adult emotional and mental problems are the result of difficulties during some stage of psychosexual development. Ideally, young men and women should integrate genital orgasm with loving heterosexual relationships, leading toward healthy lifestyles of satisfying sex, reproduction and work.

If nothing else, his work led to an increased interest in sex and a willingness to openly talk about the subject. Today, many of Freud's ideas are widespread throughout our culture. Terms such as the "id", "ego", "superego", "repression", "Electra complex", and "Oedipal complex" are commonplace in our everyday conversation. Freud was not alone at this time in his work, however.

Henry Havelock Ellis

Henry Havelock Ellis, a contemporary of Freud's, also had a significant impact on the study of sexuality around the turn of the twentieth century. Ellis, an English physician, invented the term autoeroticism to indicate the occurrence of masturbation in both sexes and all ages. Ellis spent several decades studying all available info on human sexuality in the Western world and the sexual mores of other cultures. He began writing about his findings and published them in six volumes between 1896 and 1910 as *Studies in the Psychology of Sex*. A 7th volume was added in 1928. A British judge called the first volume "filth masquerading as science."

He played a major role in effecting the gradual changes in several sexual attitudes following the Victorian times. His *Studies* recognized that humans exhibited a greater variety in their sexual inclinations and behaviors and that sexual mores are determined by cultural and social influences. His conclusions were farsighted by present day Victorian standards. He was one of the first medical writers to break away from the idea that abnormal sexual behaviors were a symptom of degeneration (Beccalossi, 2011). Ellis believed that homosexuality could be inborn, but ultimately did not consider it a sickness. Rather, it was seen as an expression of sexual instinct (Ellis, 1915).

He noted that masturbation was a common practice in males and females at all ages. He also realized that sexual orientation toward one gender or the other existed in degrees rather than an absolute. He legitimized the idea that women could have as great a sexual desire as men. He also found that orgasms in men and women were similar and recognized that difficulties in achieving erection or orgasm were often psychological rather than physical. Overall, he emphasized that “the range of variation within fairly normal limits is immense” when considering the sexual needs and behaviors of humans.

Early in the twentieth century, numerous other researchers contributed to the study of sexuality, encouraging our understanding of its diverse characteristics. Theodoor van de Velde, a Dutch physician, published *Ideal Marriage* in 1926. Although it was not the only sex manual available at the time, it was significant b/c van de Velde conveyed the validity of sexual responsiveness to a reading audience that still had Victorian inhibitions.

It has to be noted that his work focused on creating a more fulfilling sexual relationship within the framework of a heterosexual marriage with some moralistic boundaries and with an almost obsessive attention to cleanliness. His book described a variety of coital positions, discussed the use of foreplay, and offered a few suggestions for dealing with some sexual problems. It did not, however, give permission to smile, giggle or laugh out loud about mutual mistakes made by new sex partners. It placed the responsibility for conducting the first sexual encounter entirely on the man – any failures were his alone – but it taught that men did have a role in giving as well as taking pleasure. Although seen as progressive by some, his work maintained the inherent

patriarchy, which dictated ideas of sexuality and relationships. New comprehensive research on marriage and sexuality would challenge these views.

Robert Latou Dickinson

Robert Latou Dickinson conducted some of the most comprehensive and in-depth sex research of the early twentieth century. His study, called *A Thousand Marriages*, was published in 1932. Dickinson gathered 5200 case studies of women he treated between 1882 and 1924 while he was a gynecologist in NYC. He documented how the repressive sexual attitudes of childhood led to the disastrous effects on adult sexual functioning.

This research was also one of the earliest attempts at better understanding female sexuality. He studied the physiological responses of the clitoris, vagina, and cervix during sexual stimulation and orgasm. Realizing that once a woman has been able to experience self-induced orgasm, she is more likely to have orgasm during intercourse, he introduced the use of electrical vibrators for women.

Critiques of Sexology

Although sexologists, such as Dickinson did explore female sexuality, feminists' critiques of sexology offer an important counterpoint to the sexology movement as a whole. Historians such as Sheila Jeffreys and Margaret Jackson see the feminist embrace of sexology, especially in the inter-war years of the early twentieth century, as a setback for feminism (Garton, 2004). They point out the conservative nature of sexology, in terms of class and feminist terms, and view sex reform as anti-feminist. They focus most prominently on the idea of sex complementarity that was integral to the theories of

sexologists such as Havelock Ellis. “In Ellis’ sexology women and men both had sexual natures, but man’s was more virile and forceful, while woman’s was submissive and sensual. Ideally sexual relations should be the combination of these different principles into the greater whole” (Garton, 2004, p. 165).

Overall, the intersection of sexology, religion, feminism, and varying understandings of culture, sexuality, and gender all played a role in the history of sexuality in the nineteenth century, and early twentieth century. Although simplified versions of history focus on a uniform Victorian repression during this era, the truth is much more nuanced and complex. The changing geo-political arrangements around the world, including the first World War also loomed heavily on our collective understanding of sexuality.

Throughout the twentieth century, the religious influence over sexuality and sexual inequality diminished, but still exerted a level of societal control that matched that of science in some regards. This was perhaps best seen in the role of the Catholic Church. “In 1955, seven out of ten American Catholics conformed to church teachings on birth control, relying only on the rhythm method to achieve their fertility goals” (D’Emilio & Freedman, 1998, p.252). However, with the introduction of the birth control pill and the church’s stance against oral contraception, this belief diminished as many Catholics began to use oral contraceptives.

Although this marked a shift away from the strict teachings of the Catholic Church, the influence was still evident and continues to be present today. The church’s stance condemning abortion and homosexuality has remained constant over time, and

the debate over the morality of these issues continues across the country. While the Catholic Church was beginning to wrestle with sexuality questions, a young zoologist entered the discussion and had perhaps the most significant impact on the study of sexuality to date.

Alfred Kinsey

Alfred Kinsey entered the public sphere amidst the emergence of these moral debates. Kinsey, the pre-eminent sex researcher at mid-century, was a successful zoologist who gradually moved into research on human sexuality. It was through Kinsey's work that sex research became a more legitimate scientific pursuit than it had been because he applied statistical analysis to sexual behavior instead of drawing conclusions solely from personal observations, as most of his predecessors had done. In 1937, as a conservative and highly respected biology professor at Indiana University, Kinsey had been selected to teach a new course in sexuality and marriage. In preparing lectures and attempting to answer questions of his students, Kinsey began to realize that little reliable information about sexuality was available. So he began gathering information by interviewing people about their sex lives, eventually including associates in the interviews. By the end of 1949, he had gathered histories on the sexual lives of more than 16,000 people.

He found and directed the Indiana University's Institute for Sex Research – now called the Kinsey Institute for Research in Sex, Gender, and Reproduction (commonly called Kinsey Institute – Kinsey Institute for Sex Research.) Paul Gebhard and Wardell Pomeroy became Kinsey's principal collaborators and helped design the statistical

approaches and skillful interview techniques that rendered the Kinsey studies so unique. The two studies that brought Kinsey notoriety and recognition were *Sexual Behavior in the Human Male* (1948) (sample of 5300 males) and *Sexual behavior in the Human Female* (1953) (sample of 5940 females).

Joseph McCarthy believed that the deterioration of sexual morality was due to communist teachings and that the Kinsey's Institute work fed into this plot. In many cities, these books were seized and destroyed – justified by the Comstock laws and those dating back to the 1870s – making it a crime to send “erotic material” or sexual matter through the mail. In the 1960s, these laws were finally deemed unconstitutional as a violation of the First amendment. McCarthy placed a lot of pressure on the Rockefeller Institute, a major financial contributor to the Kinsey Institute to withdraw funding. Rockefeller did so. But by 1957, McCarthyism had been discredited and Rockefeller increased their funding to the Kinsey Institute, one year after Kinsey's death.

Kinsey's findings illuminated much about human sexual behavior and led to a great deal of future study in sexuality, as well as helping to shape the direction of sexuality education. Kinsey found that 92% of men and 58% of women admitted to masturbation to orgasm. Most of these men said they began masturbating between the ages of 13 and 15, and the women after 25. Kinsey also recognized that a substantial number of people had experienced both same-sex and heterosexual sexual activity.

He designed a seven-category rating scale – aptly named the Kinsey Scale. It was designed to classify individuals based on their behavior. On the scale, he used the numbers 0 to 6, with 0 representing exclusively heterosexual behaviors and 6,

representing exclusively homosexual or same-sex, behaviors. Those individuals who showed some combination of both behaviors were classified somewhere in the two extremes – categories 1 –5.

Categories 1-5 were for those who showed predominately heterosexual or same-sex behavior, respectively, but had experienced at least some of the other behavior. Category 2 included people who had experienced more than incidental same-sex activity but leaned more toward heterosexuality. Category 3 included people with approximately equal amounts of sexual experience with both men and women. Category 4 included those who had interacted more with same-sex partners but had experienced more than incidental heterosexual sex.

The scale indicated that gay, lesbian, and bisexual sex occurred more than previously thought. This finding was no doubt comforting for gay men, lesbians, and bisexuals and for heterosexual people who had experienced some same-sex activity because now Kinsey had introduced a continuum of sexual behavior. People no longer had to see themselves exclusively at one end of the pole or another. The middle ground of the scale recognized a variety or range of sexual behavior that did not fall neatly into dualistic categories. Kinsey's approach is believed to have played a major role in allowing American society to come to terms with same-sex sexual orientation.

In the proceeding years, Kinsey's work was scrutinized, and critiques of his methodology emerged (Gagnon & Simon, 1973; Laumann, Gagnon, Michael, & Michaels, 1994). These led to amendments to the Kinsey scale in attempts to more accurately represent the sexual diversity present in society (Bell & Weinberg, 1978;

Blanchard, 1989; Chung & Katayama, 1996; Grimm, 1987; Storms, 1980; Weinrich, 1988). These amendments included aspects such as love and affection, intensity level, and emotional and sexual attraction.

The work of Klein, Sepekoff, and Wolf (1985) represents the most significant advancement in the scale with their proposed Klein Sexual Orientation Grid (KSOG). The grid contains seven components of sexual orientation: (a) sexual attraction, (b) sexual behavior, (c) sexual fantasies, (d) emotional preference, (e) social preference, (f) self-identification, and (g) living as a lesbian, gay man, heterosexual man or woman, or bisexual man or woman (Hunter et al., 1998). Each of these components is then situated on Kinsey's seven-point scale.

Kinsey's work, mainly in the form of qualitative interviews, had provided a foundation for our understanding of human sexuality and sexual behavior in the United States. However, largely missing from our understanding was a more clinical understanding of sexual functioning to coincide with the behavior being discussed. The lack of knowledge was largely unstudied due to the taboo nature of physiological work around sexual functioning. However, the work of William Masters, a gynecologist, and Virginia Johnson, a psychologist, changed that and in the process contributed more to our understanding of sexual functioning than any research had previously done. In addition, they developed the basic techniques for sex therapy that are still used today. Their work generally focused on the physiology of human sexual response and the treatment of sexual dysfunction.

Masters and Johnson

Masters launched his study in 1954 and hired Johnson as an interviewer soon after. In their laboratory in St. Louis, MO, they devised the instruments needed to record the physical responses of their subjects; they amassed information on human sexuality that changed the basic premises about how it worked. They defined four distinct phases of arousal. They were termed phases because they can blend into one another during sexual stimulation. In total, they studied more than 10,000 orgasms under laboratory conditions with 694 men and women during the late 1950s and early 1960s. A detailed account of their work is found in *Human Sexual Response* (1966).

The Sexual Response Cycle began with the Excitement Phase. This phase was marked by vasocongestion (a swelling of the genitalia due to more blood coming into the tissues than can be quickly drained away) leading to an erection of the penis in males, and for the females a swelling of the clitoris and vaginal lips, increased vaginal lubrication, an increase in breast size, and erection of the nipples. These are usually precipitated by physical, visual, or psychological stimulation by one's self or a partner. In many women and men, a "sex flush" appears on the upper abdomen and may spread to the chest. Arm & leg muscles, become tense and there's an increase in heartbeat, breathing rate, and blood pressure.

From here, the response moved to the Plateau Phase. This is a continuation of the excitement phase, with tensions building in all the processes cited above until an orgasm is triggered. For the male, an indication of reaching this phase is the presence of two or three drops of Cowper's fluid, at the tip of the penis, composed of pre-ejaculatory fluid

(sometimes sperm – making early withdrawal an ineffective form of contraception). The testes of the male are enlarged and are pulled closer to the body.

Next, they identified the Orgasm Phase. For both men and women there are strong contractions in the penis and vagina at 0.8 second intervals, with the male ejaculation occurring in two stages: the feeling of inevitability and the actual ejaculation of semen. Muscular contractions and spasms appear for both sexes as does the respiratory rate to about 40 breaths a minute, in heartbeat to as high as 180 beats per minute, and further increase in blood pressure.

The final phase was that of Resolution. The body slowly returns to the conditions that existed before the onset of the excitement phase. The refractory period –indicating the period of time in which the body does not respond to sexual stimulation & signaling the end of this phase may last longer with women but this is variable. For men, it varies from a few minutes, to several hours, or days depending on one's age and physical condition.

Masters & Johnson showed that female responses to stimulation were the same no matter what manner of stimulation was used, whether friction with a penis, with laboratory devices, with fingers, by coitus, or through masturbation – of course upsetting what had been thought about women's sexuality since Freud and earlier.

Additionally, in 1971, they identified several distinct types of sexual dysfunction. Until then psychoanalytic treatment, often lasting for years, medication, and surgery had all been based on vague diagnoses of “impotence” in men and “frigidity” in women. Masters & Johnson identified: erectile difficulty; premature ejaculation; retarded

ejaculation, unresponsiveness in women, and vaginismus (inability to relax the muscles around the vaginal opening to permit a penis to enter). Then having identified these dysfunctions, they devised treatments to overcome them. Their treatment format was described in *Human Sexual Inadequacy*, which inaugurated the age of sex therapy.

Despite their groundbreaking work and the contributions they made to the study of sexuality, their work was not without criticism. Most pertinent to this study are the feminist criticisms of the HSRC model (Irvine, 1990; Robinson, 1976). The most fundamental discussion revolves around the efforts Master and Johnson went to in order to emphasize the male-female sexual similarities, including identical sexual response cycles (Tiefer, 2004). Thus, the HSRC became a gender-neutral measure of sexuality. Tiefer (1988) has argued that the model is in fact not gender neutral, but rather favors men's sexual interests over the interests of women. In doing so, Tiefer (1990) has also argued that the false creation of this gender equity has disguised and trivialized social reality, i.e. gender inequality.

Others have argued that "sex role socialization introduces fundamental gender differences and inequalities into adult sexual experience that cannot be set aside by a model that simply proclaims male and female sexuality as fundamentally the same" (Stock, 1984, as cited in Tiefer, 2004, p. 61). Ultimately, the argument rests on the HSRC's assumption that men and women want the same thing sexually, which has been socially demonstrated to be untrue (Frank, Anderson, & Rubinstein, 1978; Hite, 1987; Peplau & Gordon, 1985; Tavris & Sadd, 1977). This distinction between scientific and social realities of sexuality continues to be a theme in research, discourse, and education.

These bodies of work were far-reaching and inclusive. Evidence continued to suggest that content should touch on a wide range of informational subjects, providing accurate information about human sexuality, including “growth and development, puberty, body image, gender roles, reproductive anatomy and physiology, conception and birth, sexual identity, relationships, parenting, sexual expression, STD/HIV transmission and prevention, abstinence, fertility control, and sexual exploitation” (AAHE, 2005, p. 2). The social contexts for these informational subjects are not neutral, however, and must be investigated in order to understand them from a social cognitive perspective.

This brief history of sexuality research has provided the social context for a review of the literature. This literature pertains specifically to the history of educational policy broadly, and sexuality education more specifically. The following chapter provides a review of the relevant literature that frames my understanding of U.S. educational policy, as well as sexuality education, and the intersection of these two bodies of work in a rural setting.

CHAPTER 3

LITERATURE REVIEW

Introduction

This chapter outlines the diverse range of literature on which this dissertation has drawn, and provides an extensive context for the present dissertation. The parallel and intersecting themes of sexuality education and educational policy help to organize the literature base in more detail. A detailed history of sexuality education is presented, followed by an in-depth exploration of the current dichotomy in sexuality education curricula. From there, I have presented a brief history of U.S. educational policy, as well as an overview of the educational policy implementation research that informed this dissertation. Location then takes focus as I examine the literature on distinctions between urban and rural school districts, and the rural educational context, both of which are directly linked to understanding sexuality education policy implementation in rural communities. Lastly, rural sexuality education, and sexuality education in the state of Iowa have been examined as they relate to the specific site for this dissertation.

The current state of sexuality education is one of confusion, debate, controversy, and lack of clarity. Society often perceives schools as the proper site for the dissemination of sexuality-related information to youths (Johnson & Immerwahr, 1994), and school districts reflect that belief as a majority of districts offer some form of sexuality education (Haffner, 1993a, Kirby, 2008; Moran, 2000). The ubiquitous access to young people provided by schools leads policy makers to view schools as the most effective and logical site for the delivery of sexuality education as a means of addressing

major public health concerns (Dryfoos, 1995; Kolbe, Collins, & Cortese, 1997).

However, as schools address these needs in the context of limited state and federal policy directives, numerous groups continue to question the effectiveness of schools' efforts (Grunseit, Kippax, Aggleton, Baldo, & Slutkin, 1997).

These continuing debates have confirmed that beyond curricular design, sexuality education programs are “morally charged” (Levesque, 2000, p. 2). “Whether explicitly or implicitly, sexuality education conveys images of gender roles, ethics of care, notions of normality, and conceptions of the good society” (Levesque, 2000, p. 2). The content and implications extend far beyond a basic overview of biological function. “Thus, although conflict over the content of sexuality education may be presented in terms of relative effectiveness, debates involve the clash over which set of moral norms related to sexuality shall be presented to youths” (Lamb, 1997, as cited in Levesque, 2000, p. 2).

As this review of the literature elaborates, the history of sexuality education in the public schools reaches back over a century (Trudell, 1985). Initial efforts to center sexuality education on disease prevention (Kirby, 1992) have given way to more diverse approaches that go beyond pregnancy and disease prevention to opportunities for values clarification and identity development. This shift has brought us to the current binary that exists today between abstinence-only education and comprehensive sexuality education. These extremes represent particular communities' “commitments to basic and somewhat radically divergent moral visions for humanity: the impulse toward restrictive

orthodoxy and the impulse toward expansive liberalism” (Hunter, 1991, as cited in Levesque, 2000, p. 3).

These divergent commitments are represented at the local policy level in how implementing agents deliver sexuality education in their particular school districts. The following review provides background on this sexuality education history, policy, and curriculum, as well as educational policy implementation. Particularly relevant information for rural communities such as small towns in the midwest, and Iowa in particular, are presented as well.

Sexuality Education Policy History

In order to fully understand the sexuality education movement, it is important to understand the numerous aspects of the discourses that have shaped sexuality education history and policy. The movement is part of the larger modern era, progressive movement to establish a uniform sexual morality for future generations. It is also connected to the continued tendency to view adolescent sexuality as dangerous and adolescents in need of protecting. Lastly, the sexuality education movement can be situated within a larger historical tendency to bring all aspects of personal life under rational control.

Over the duration of the majority Western view of history, the topic of sexuality education has provided us with a variety of debates. We have watched over time as a myriad of ideas and beliefs have been presented to us as the answer to one puzzling question: what do we teach our young people about sexuality? The answer of course has been hotly contested, and over the past thirty years, with the emergence of HIV/AIDS as

a international pandemic and health risk, the rise in teen pregnancy, and the contraction of sexually transmitted infections (STIs), abortion and women's rights movements, the emergence of a strong fundamentalist conservative base in our country, and the on-going debate over marriage for same-sex couples, sexuality education continued as a hot button issue for politicians, educators, and parents alike.

Although we very often associate the study of sexuality with relatively modern ideas of gender and sex, the topic of sexuality has been addressed in various societies for centuries. Furthermore, information about sexuality has been communicated within our society through a variety of means, one of which being the school system. Various curricula have been developed, and educators have been entrusted with conveying this information to young people, either as supplemental to other sources of information, or as the sole delivery method (Halstead & Reiss, 2003).

When considering the overall philosophy of sexuality, Plato can be traced as one of the first to discuss the subject. He saw all love as erotic--that is, that it grows from a need and seeks to fulfill that need. However, he did not value love for its own sake. Love was valued as a means to something else. The act of sex was seen as a bodily matter, which limited its importance overall. Plato relegated the body to a low level of significance. It was one of the worldly objects that was subject to change and eventual destruction, which made it less important than the intelligible forms that never change and are the only things about which there can be real knowledge (Marietta, 1997).

Generally speaking, the natural law approach to sex, which is supported by Catholics and other Christians, has dominated the religious realm of sexuality. This view

originates in Aristotle's view that everything has a natural function. Thomas Aquinas, in building on this view through a Christian lens, saw God as creating everything in order to play a role in the world. Since everything was designed for a particular purpose, that purpose defines right and wrong. This ideology has been most notably applied to the notion of heterosexual intercourse as necessary for reproduction. Thus, contraception is wrong, and other non-reproductive sexual acts are wrong. Pope Paul VI (1968) summed it up this way in his encyclical letter *Humanae Vitae*, "The Church... in urging men to observance of the precepts of the natural law, which it interprets by its constant doctrine, teaches as absolutely required that any use whatsoever of marriage must retain its natural potential to procreate human life."

More recently, it is important to comment on the social construction of sexual identity. Terms such as heterosexual, homosexual, and bisexual are social constructions that emerged largely in the nineteenth century, although gender and gender roles have been continually evolving since the time of Plato (Foucault, 1976). Foucault (1976) discusses this as the construction of the normal and abnormal sexual subject, and the creation of the "personage" of the homosexual, defined in contradiction to the heterosexual. In addition to this socially constructed binary, Foucault also states that this time period was "the age of multiplication: a dispersion of sexualities, a strengthening of their disparate forms, a multiple implantation of 'perversions'" (p. 36). A quick glance at the table of contents of Krafft-Ebing's *Psychopathia Sexualis* (1886), a seminal work on sexuality at the time, confirms Foucault's assertions.

From the earliest documented stages of U.S.-American educational history, culture and religion have affected the content and delivery of sexuality education. More specifically, the majority White, Protestant cultural religious values have defined sexuality education. Although there is no singular Christian view of sexuality, dominant views took interpretive cues from the Bible to shape moral codes of behavior and definitions of sexuality. Church leaders further expanded on those teachings as a means of attempting to exert social control. Additionally, sexuality education was historically a more private matter, as most Americans lived in the country, and youth observed the reproductive behavior of animals and gleaned a modest amount of information from these observations. Very limited family and school discussions took place with regard to sexuality.

From the beginning of colonization in U.S.-America, beliefs about sexuality were also shaped by religious views (D’Emilio & Freedman, 1997). “Along with other cultures influenced by Protestantism, the English rejected the Catholic condemnation of carnal desires that had required celibacy of priests and associated all sexual expression—even in marriage—with the fall from grace” (D’Emilio & Freedman, 1998, p.4). This was just one realization of the colonists’ early desires to break ties with the religious influences of Europe from which they had escaped.

Once this religious foundation had been established, it manifested itself in two distinct groups in early America. In New England, settlement patterns created the reestablishment of a family-centered sexual life, such as that of England (D’Emilio & Freedman, 1998). This group deviated from the English pattern, however, creating an

excess of order, which was based on the idea of extreme social cohesiveness and the practice of closely watching personal morality (D'Emilio & Freedman, 1998). This was manifested most obviously in the Puritan clergy who preached church doctrine and sexual morality, exposing the sins of improper sexual action. These sermons served as an effective form of societal control.

The second settlement, Chesapeake, faced excess in social disorder, which resulted in a highly unstable family life and a dispersed population (D'Emilio & Freedman, 1998). Here, the major influences came from Quaker and Anglican ministers, as well as Catholic priests. The sexual values of the young were very important among these groups, and a great deal of attention was paid to espousing these specific values and enforcing them (D'Emilio & Freedman, 1998).

The Great Awakening resulted in an energetic production of religious enthusiasm, spurred on in part by the preaching of George Whitefield and Jonathan Edwards (Bonomi, 2003). Whitefield was a British minister who moved to colonial America and preached all across North America and Europe. Edwards' fire and brimstone preaching emphasized a personal approach to religion, and the unifying of all Christians. In addition, he believed that salvation came directly from God and could not be reached through human actions, as the Puritans at the time believed (Bonomi, 2003).

This period in U.S. colonial history was important in understanding the birth of the nation and the role of religion in daily life. Individual religious experiences became valued more than established church doctrine as human actions gained priority. Numerous new religious denominations emerged as well. This shift to individual

religious experiences had the effect of unifying the colonies. As a result, the Great Awakening was not simply a reaction to the Enlightenment, but also one of the long term causes of the revolution itself (Bonomi, 2003). It was an experience shared by all colonists, which had never happened before, and that shared experience led in part to shared revolution.

As the eighteenth century commenced, new ideas about religion further affected sexuality. In the 1740s, a “religious revival known as the Great Awakening encouraged individuals to take responsibility for their own actions, and state regulation of morality diminished”(D’Emilio & Freedman, 1998, p.40). Then, following the Revolutionary War, the disestablishment of the Protestant churches diminished the connection between religion and governmental policy, and, therefore, the authority of churches in general (D’Emilio & Freedman, 1998). These religious groups now had to compete with governmental policies for influence and authority over individual personal matters (Horowitz, 2002).

The Great Awakening was followed by the birth of the United States as a nation. Very early on, those same enlightenment ideals, individualism and personal responsibility, helped to shape many of the science-driven decisions made by Congress.. Although the Great Awakening’s impact on America goes far beyond its role in shaping our views of sexuality and sexuality education, a historical examination of those views provides effective context for that impact.

With the creation of the Marine Hospital Service in 1798, the United States established public health as an important concern for common good (Lord, 2010). The

service was in many ways a governmental manifestation of the medical and scientific community that constructed sexual identities in order to medicalize and define the “other”. Although this oppressive intent was far from blatant, it provided an undercurrent that continues to drive the government’s efforts at regulating sexuality and sexuality education today.

During the nineteenth century, the moral influence of the church also declined even further as a result of increasing governmental policy and control. Issues of sexual health and contraceptive education became very important as more attention was given to young people as individuals, and western medicine began to develop (Beccalossi, 2011; Horowitz, 2002). As a result, traditional church discipline lost its “power to shame individuals into conformity to the sexual values of the congregation, although ministers continued to offer sexual advice throughout the century” (D’Emilio & Freedman, 1998, p. 66). However, the Catholic Church continued to exert its influence as America expanded westward under the doctrine of Manifest Destiny. This influence was especially prevalent in the Southwest, where a pre-industrial culture looked to the Catholic Church for an understanding of family. The church thus played a significant role in the regulation of morality and in maintaining individual and family honor (Horowitz, 2002). This individual focus provided a very Western perspective on values that was continually reinforced (Jackson, 2011).

In this time frame, the influence of European sexual values had a major effect on the native peoples of America. The influence began when America was initially colonized, as the Europeans saw the sexual practices and beliefs of the Native

Americans as primitive and sinful (Beccalossi & Crozier, 2011). Much of this was due to the Europeans' negative views regarding sexuality and sexual identity. Many of the native cultures believed in much more sexual equality than did the colonizers. By the nineteenth century and expansion to the West, the imposition of sexual values on native populations was well established (D'Emilio & Freedman, 1998).

During this time, marine hospitals continued to expand. These hospitals originally served only seamen, but expanded to serve all U.S. citizens following the Civil War. The 1869 appointment of John Maynard Woodworth as the first supervising surgeon (later the first Surgeon General) ushered in a new era for the service. "Woodworth and his two immediate successors transformed the Service into a dynamic and highly professionalized service that directly cared for all Americans, not simply merchant marines" (Lord, 2010, p.6).

Around the same year that Woodworth was appointed as the first supervising surgeon, it officially became possible to be labeled heterosexual or homosexual. Prior to this time, the terms simply did not exist (Blank, 2012). "For most of human history, love might have been romantic or platonic, brotherly or maternal, *eros* or *agape*, but it was definitely not heterosexual or homosexual, straight or gay. The names did not exist, nor did the categories they now describe" (Blank, 2012, pp. 1-2). Sexual behaviors were described and identified but aspects of identity were not.

Although the concepts are older, Karoly Maria Kertbeny coined the terms "homosexuality" and "heterosexuality" in 1869. Kertbeny coined and used these terms in what could be seen as the first struggle for homosexual rights in Germany, as a means

of eliminating religious, state, and scientific proscriptions against homosexual practices (Blank, 2010). Homosexuality originated as a legal and scientific term for the emancipation of homosexuals, and not as the medical term it has become today.

K. M. Benkert, writing under the noble name of his family, Karoly Maria Kertbeny, was a German-Hungarian publicist and translator who opposed the German sodomy laws. Herzer (1985) asserts that he first used the term homosexual in private correspondence in 1868 with Karl Heinrichs Ulrichs and also in two anonymous German pamphlets in 1869. These pamphlets substituted Heinrichs' word "urning" with "homosexual". He invented this term to distinguish individuals who participated in same-sex sexual behavior from those who engaged in other-sex sexual behavior. He associated homosexuality with sickness and deviance but not with sin or criminal behavior (Bullough, 1994; Donovan, 1992). Kertbeny also invented the term heterosexuality in 1869 (Herzer, 1985).

The terms were not regularly used until Krafft-Ebing used them in 1892. Both terms spread across the Atlantic and were introduced by Charles Gilbert Chaddock into the English language in 1897 (Bardis, 1980). Chaddock, a Michigan-born physician, was the first to translate Krafft-Ebing's *Psychopathia Sexualis*. The popularity of the term increased with its use by Havelock Ellis (1942) and Magnus Hirschfeld (1948) (Hunter et al., 1998).

Since this time, we have drastically shifted towards associating sexual desire with identity. As Foucault (1978) put it, a particular sexual type became "a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a

morphology...It was consubstantial with him, less as a habitual sin than as a singular nature” (p. 43). The coining of the terms heterosexual and homosexual in Germany in 1869 as a means of protesting a portion of legal code (Paragraph 175) prohibiting same sex acts by men, and the popularization of these terms by Krafft-Ebing in *Psychopathia Sexualis* forever changed the landscape of modern sexuality and sexuality education.

As earlier mentioned, the moral influence of the church declined during the nineteenth century. By the end of the nineteenth century, Protestant clergy and other religious groups also heavily influenced the social purity movement. This movement “incorporated many of the ideas of moral reform, especially the demand for a single sexual standard” (D’Emilio & Freedman, 1998, p.150). By this time, however, the social movement was beginning to see more influence from ideas of social Darwinism, and less from religious enthusiasm than was once seen. These ideas were the result of misapplying the biological principles of natural selection to social realms. Social Darwinism originated in the class stratification of England and quickly spread as a common scientific support structure for the Eugenics movement.

The effects of modern scientific theories, such as Darwinism, resulted in more challenges to the beliefs of the church. Society was becoming more secularized as a result of the Enlightenment. The Victorian era was also one of hypocrisy for many historians, as “social conventions made discussion of sex, sexuality and bodily functions taboo, but at the same time pornography and prostitution flourished” (Garton, 2004, p. 101). However, as the state assumed the role of public moral arbiter, religion continued to exert influence through voluntary philanthropic organizations and directly to its

believers. The role of religion was still highly influential, though diminished somewhat (Jackson, 2011).

Influential doctors and reformers, such as Havelock Ellis, Margaret Sanger, Richard von Krafft-Ebing, Sigmund Freud, and Magnus Hirschfeld “diagnosed the consequences of sexual repression and pointed to Victorianism as an era of unhealthy sexual adjustment” (Garton, 2004, p. 101). Additionally, the voluntary sector thus saw their role as one based on morality and spiritual influence (Jackson, 2011). Victorian rescue homes were created to save young girls, especially, from the moral evils of prostitution and out-of-wedlock sexual activity. “A controlled environment of Bible study, needlework, and training in general domestic duties was designed to equip those “saved” for employment as domestic servants” (Jackson, 2011, p. 90). These homes existed along religious lines, although the Salvation Army remained open to taking young women from a variety of religious denominations.

The overarching rhetoric of moral danger signaled the prevalent assumptions about gender differences and perpetuated the sexual double standard of the time. The nineteenth-century thus saw a reconfiguration of religion and the state, but the moral controls exerted by religion remained in place. Historically, “the church had played an important structural role in the regulation of sexual behaviors and reputations in the medieval and early modern period” (Jackson, 2011, p. 91). Church courts were replaced with secular courts, but the beliefs guiding them changed little. However, this “repressive hypothesis” has been widely critiqued by the likes of Michel Foucault,

Jeffrey Weeks, Helen Horowitz and Peter Gay as too simplistic a description of the Victorian era (Garton, 2004).

As this decline was happening, the Marine Hospital Service was assuming greater and broader responsibilities in the United States. The Service gradually and quietly assumed responsibility for a variety of public health activities, including everything from sanitation to vaccinations. However, issues of sexual health and contraceptive education drew public attention but were not initially a focus of the Service.

Meanwhile, gender differences were beginning to be challenged in the U.S. from other sources as the feminist movement took shape. The first wave of feminism in the U.S. began in 1840 when two middle-class White women, Lucretia Mott and Elizabeth Cady Stanton, met at the World Anti-Slavery Convention in London (Kirk & Okazawa-Rey, 2010). Both were passionate about abolishing slavery, and were shocked to find women barred from the convention on the basis of sex (Schneir, 1994, as cited in Kirk & Okazawa-Rey, 2010). The irony of working to end oppression of one group and being oppressed in the process was not lost on them.

Eight years after their first meeting, Mott and Stanton called a Women's Rights Convention at Seneca Falls, New York. They worked with a small group of women to draft the *Declaration of Sentiments*, which was modeled on the *Declaration of Independence*. The document was read at the convention and rallied women and men to the cause of women's equality. Frederick Douglas, who attended the convention, publicized the declaration and much debate ensued. At a convention of Christian

ministers in 1851, they opposed women's rights on the grounds that "Christ was male, that women were not as intelligent as men, that they were weak, tainted with Eve's sin, and so forth (Schneir, 1994, p. 94, as cited in Kirk & Okazawa-Rey, 2010, p. 9). With that, the feminist movement was born in the U.S. This dialogue, which encompassed challenges to traditional definitions of gender, permeated the remainder of the century as other debates around issues of sexuality continued.

Although suffrage loomed large as the major cause of the feminist movement in the late nineteenth century, critiques of sexuality also factored into the debate. Many early feminists, such as Mary Wollstonecraft and Olympe de Gouges pointed out the hypocrisy of democratic movements that sought to confer rights based on sex. The Victorian campaign for suffrage took as its major point that there were fundamental differences between men and women in terms of experiences, despite equality of intelligence and morals. "Women, claimed suffragists, had different views, ideas and interests and thus men could not possibly represent them in Parliament" (Gorton, 2004, p. 155). This emphasis on difference rather than equality has troubled later feminists, as did the dominant role of middle-class women, which in turn marginalized other women (Gordon & DuBois, 1983). "Moreover, the involvement of many suffragists in movements for the regulation of the working classes...have lead some historians to conclude that Victorian feminisms was an effort to impose evangelical and bourgeois ideals of respectability and domesticity on the wider populace" (Gorton, 2004, p. 156). Further, D'Emilio and Freedman (1997) and Horowitz (2002) have both highlighted the strong evangelical and social purity beliefs of many feminists.

In the same vain, discussions concerning family and sexuality also begin to emerge. The family was seen as a discrete unit, beginning with the Protestant beliefs early colonists brought with them to the Americas (D'Emilio & Freedman, 1998). For many, the ideas of sexuality were secondary to those of marriage and unions for property and other formal purposes. With regard to sexual equality, notions of a patriarch-centered family were most prominent, and the idea that men and women were equal was not even considered. In many ways, it wasn't even as much a question of equality between the two groups, as it was a matter of different roles and responsibilities (D'Emilio & Freedman, 1998). This idea continued for the most part until the end of the nineteenth century.

Through the early history of America, there were certainly those who questioned the makeup of the family unit, as well as the roles for different sexes. However, these beliefs were in the minority when compared to the majority opinion, much of which was actually guided by religious doctrine. However, at the beginning of the twentieth century, views began to shift and the roles of men and women began to be questioned. This questioning was initiated for the most part by women and revolved around the women's rights movement.

The rationalization of reproduction gained traction during the nineteenth century with the work of Thomas Malthus as an intellectual anchor. Malthus's famous argument asserted that populations tend to grow faster than they can be supported, and as such, sexual moderation and the postponement of marriage were necessary (Beccalossi, 2011). He saw artificial forms of birth control as deplorable, and viewed sexual gratification as

immoral. However, various neo-Malthusians departed from Malthus's recommendations and argued that if over-population was a social problem, then the solution was birth control, and not sexual restraint (Porter & Hall, 1995).

In 1854, George Drysdale, a neo-Malthusian doctor, published *Elements of Social Science, or Physical, Sexual, and Natural Religion: An Exposition of the True Cause and Only Cure of the Three Primary Social Evils: Poverty, Prostitution and Celibacy*. He was quite adamant about ignorance surrounding issues of sexuality and promoted the idea that procreation should be limited by contraceptive methods, not abstinence (Drysdale, 1882). "Drysdale believed that sexual activities with members of the opposite sex were healthy and necessary to both men's and women's bodies, arguing that chastity was unhealthy and non-procreative sex was normal" (Beccalossi, 2011, p. 103).

Although sexuality did not initially garner the attention of the Marine Health Service, it did attract the attention of others. In 1873, Anthony Comstock founded the New York Society for the Suppression of Vice to combat the blatant sexuality he saw around him (Lord, 2010). However, he quickly realized that problems with prostitutes, pornography, contraceptives, and abortion were not limited to New York City. He thus convinced Congress to pass what would later be known as the Comstock Act, which criminalized the selling and distribution of obscene materials. The definition of these materials was intentionally broad, and as the turn of the century approached, the government played an increasing role in the regulation of daily life, both in and out of the bedroom.

Anthony Comstock grew up in New Canaan, Connecticut. He enlisted in the army in December 1863 after the Civil War had erupted. He joined the Congregational Church prior to enlisting, and during the way, led prayer meetings and arranged for preachers (Horowitz, 2002). He struggled to maintain his moral beliefs during the war, and returned to Connecticut when the war ended in 1865.

Comstock worked for a short time as a clerk in New Haven before moving to New York. He worked in a series of sales jobs that results in a comfortable living, and after getting married, he found the community he had been searching for in Brooklyn. However, despite the obscenity laws in New York that prohibited various acts and the sale of obscene materials, he continued to see indecency around him. He worked with police to shut down numerous illegal saloons and book-sellers (Horowitz, 2002). After reaching a point where his resources could carry him no further, he turned to the New York Y.M.C.A., which had led the charge for the initial obscenity laws in New York.

With the funding of the New York Y.M.C.A., Comstock was able to purchase and confiscate numerous books and printing plates deemed obscene. They gave him their full support, and went as far as to rename a standing committee The Committee for the Suppression of Vice. They hired Comstock to help with their efforts. Comstock went after a number of publishers of erotica, and was well compensated for his work (Horowitz, 2002). His initial crusades culminated in the arrests of Victoria Woodhull and Tennessee Claflin on federal obscenity charges. Her eventual acquittal made clear to Comstock the deficiencies in the current federal law.

Woodhull and Claflin were eventually found not guilty because they had published a newspaper, which was not covered under the 1872 federal obscenity law. This fact, along with the lack of control over birth control information and appliances and masturbatory materials as obscene, led Comstock to action (Horowitz, 2002). In the winter of 1873, with the New York state law as a model, Comstock traveled to Washington, D.C. as a lobbyist for a stiffer federal obscenity law.

Comstock allied himself with a number of prominent politicians as he worked through the system with his federal legislation in mind. He provided demonstrations of materials for legislators, and relied heavily on the continued support of the New York Y.M.C.A. (Horowitz, 2002). After much effort and little debate, the 1873 federal act for the “Suppression of Trade in, and Circulation of, Obscene Literature and Articles of Immoral Use” was passed on March 3rd and became known as the Comstock Act. Until his death in 1915, Comstock served as an official enforcement agent, while simultaneously working with the New York Society of the Suppression of Vice, which he had helped to found and break away from the New York Y.M.C.A.

His work was not universally accepted but certainly significant to the history of sexuality. Comstock was not only fighting against the distributors of “obscene materials”, but also against the free thinkers of the time that would challenge religious notions of love, family, and society. As Comstock saw it, “religion stood hand in hand with marriage as the primary bastions protecting human beings from their own worst selves” (Horowitz, 2002, p. 395). Unlike earlier social control advocates that focused on individual parents or children, Comstock’s work focused on the responsibility that

society had in protecting “the innocent youth and the moral tone of society through a judicious silence about such subjects as intercourse, venereal disease, and the reproductive system” (Moran, 2000, p. 40).

Throughout the nineteenth century, additional efforts were made to curb the so-called “ills” that plagued society, including the “evil” of masturbation. Whereas masturbation had been prohibited as nonprocreative during colonial times, many religious and societal leaders now saw all sexual excitement as dangerous. Health reformer Sylvester Graham’s 1834 chastity lectures condemned masturbation, and he recommended cold baths, fresh air, and bland foods, such as his cracker, to curb impulses (D’Emilio & Freedman, 1997). Reverend John Todd’s 1835 *Student’s Manual* and his 1845 *The Young Man: Hints Addressed to the Young Men of the United States* also encouraged young men to overcome the vice of masturbation, as it decreased their energy and productivity.

In the 1880s, American doctor John Kellogg, a hygiene advocate, theorized that circumcising young infant boys and applying carbolic acid to the clitoris of young girls to prevent overexcitement of the genitals best-curbed masturbation. He “incorporated health reform and continence at his Battle Creek Sanitarium, where bland food, such as his cereals, prevailed” (D’Emilio & Freedman, 1997, p. 69). The reoccupation with masturbation remained prevalent throughout the nineteenth and well into the twentieth century.

Masturbation played a pivotal role in the advice literature that gained popularity in the nineteenth century as well. Increasing literacy rates, combined with the available

production of cheap pamphlets and books gave rise to a medical advice market that played on the idea that sex was dangerous (Garton, 2004). The fear of masturbation as a specific focus can be traced back to Tissot's treatise *On Onania* (1760), which argued that masturbation caused general debility, nervousness, madness, and other disorders. The church had condemned masturbation for centuries because it did not lead to procreation, but the fear went much deeper than that. "In a wider culture increasingly interested in promoting the virtues of individual self-control, productivity, saving, restraint and prosperity, however, masturbation came to be seen as waste, improvidence and moral weakness" (Garton, 2004, p. 111; see also Bennett & Rosario, 1995).

Horowitz (2002) further asserts that the Victorian era, awash in diverse sexual beliefs and practices, was more a combination of four distinct sexual cultures. The first was a vernacular culture that represented an early acceptance of sex and desire as important aspects of life for men and women. This vernacular drew on traditional humeral ideas of the body. Evangelical Christians held a distrust of the body and advocated sexual continence as a second culture. Reform physiology became a third culture as prominent ministers, doctors, moralists, and commentators began to displace historical notions of the body in favor of new notions connected to the mind. "Sexual desire, no longer imagined as springing from heated blood, was in mind, originating in messages sent from the brain through the nerves" (Horowitz, 2002, p. 6). The division in this culture lay between those who saw sex as healthy and moralists who preached restraint in the name of health. The forth framework took reform physiology one step further, combining "visionary and radical politics with notions of sexual liberty and

freedom of expression” (p. 9). Free love thinkers such as Victoria Woodhull and Ezra Heywood represented this final culture, arguing for the importance of sexual freedom. The politics of sexuality played heavily on nineteenth century discourses.

The nineteenth century was thus a far more complicated period in the sexual history of the country than the standard repressive Victorian narrative would suggest. “In place of Victorianism we can see the emergence of a more complex account stressing the proliferation of sexual discourses and the clash of sexual cultures in the nineteenth century” (Garton, 2004, p. 102). Whereas early Victorian historians have relied on medical sources and pornography to write the “narrative of sexual hypocrisy”, other historians have turned to a wider array of sources in order to put this period of sexual history in social and cultural context (Garton, 2004). In exploring this wider range of evidence, researchers have uncovered a much more diverse sexual history that does not fit nicely into the traditional repressive Victorian narrative. As such, Garton (2004) asserts, “Victorianism needs to be abandoned as a meaningful category, even though it remains a useful device for exploring the pitfalls of universalizing approaches to the history of sexuality” (p. 102).

By the end of the nineteenth century, Protestant clergy and other religious groups also heavily influenced the social purity movement and notions of sexuality. This movement “incorporated many of the ideas of moral reform, especially the demand for a single sexual standard” (D’Emilio & Freedman, 1998, p.150). By this point, numerous scientists and social theories argued that reproduction should be controlled by the state,

which was linked to Darwin's ideas of the survival of the fittest and further reinforced by the eugenics movement (Roberts, in Seidman, et al., 2006).

Eugenics was a doctrine that presumed certain individuals were unfit for reproduction and sought to control human breeding, most particularly along racial lines (Selden, 1999). Eugenics proponents believed that certain qualities, such as intelligence and morality were inherited and it was the responsibility of society to take steps to produce desirable offspring in order to address many of the social ills of the time (Kimmel & Aronson, 2004). British psychologist Francis Galton first published his theory of eugenics in 1865. He believed that an individual's reputation and talents relied on inherited ability. Galton was Charles Darwin's cousin, but differed from Darwin in his beliefs. From its inception, eugenics was a racist concept (Herzog, 2011).

Whereas Darwin believed that natural selection would lead to inevitable improvement of the race, Galton was fearful that the reverse was happening as those more desirable (White middle- and upper-class) were using contraception more regularly. "The fact that the lower classes had larger families than the upper was taken by such pessimists as worrying evidence of the survival of the 'unfit', those who according to the biological determinists had come into the world with their 'main spring broken' and should have disappeared" (McLaren, 1999, pp. 115-126). Supporters produced family pedigrees as evidence that like produced like, and their hope was that with a policy of "positive eugenics", such as child allowances, rewards would exist for the healthy to reproduce (McLaren, 1999). However, they also utilized the fear of devious feeble-minded, criminal and poverty-stricken families to convince the public of

the necessity for “negative eugenics”, such as detention or forced sterilization as a means of restricting the reproduction of the “unhealthy” as they so defined (McLaren, 1999).

The eugenics movement was a prime example of how sex and sexuality were connected to other social and cultural beliefs and practices of their time, and was a part of a larger system of oppression (Selden, 1999). “Feminist arguments for sexual pleasure and birth control were often intertwined with eugenic discourses on racial fitness” (Garton, 2004, p. 165). The politics of contraception, sexuality, and socially constructed and reinforced gender roles favored those already in power and served to justify their dominance, just as slavery had done fifty years earlier. Ultimately,

...the rapid social changes wrought by industrialization triggered fears about Americans’ ability to maintain social order. The middle class responded to these anxieties by emphasizing the centrality of female purity for family stability and by attempting to impose limits on the public expression of sexuality. To some extent, these efforts can be seen as a form of social control over the working class, for whom public expressions of and commerce in sexuality did not pose serious difficulties. In another sense, the theme of sexual control supported the American myth of a classless society characterized by expansive social mobility (D’Emilio & Freeman, 1997, pp. 166-167).

The nineteenth century also bore witness to the relatively new notion of children as sexual innocents (McLaren, 1999). Social changes such as the introduction of compulsory education and child labor laws led to age definitions deemed appropriate by the middle class. By 1900, “experts claimed that there was a biologically determined,

‘appropriate’ age to be in school, to be courting, to marry” (Gillis, 1996; Pearson, 1983, as cited in McLaren, 1999, p. 23). The most striking example of these age distinctions was the insistence that children be kept ignorant about sex. These attempts to avoid educating children too early resulted in a successful unfamiliarity with basic sexual facts (Musgrove, 1964).

Individuals of various academic backgrounds weighed in on sex and sexuality within their social contexts as well during the late nineteenth century. In *Sex in Education* (1873), Harvard professor Edward Clarke was an outspoken opponent of women attending college. He predicted that if women went to college, their brains would grow bigger and heavier, and their wombs would atrophy from what he called “chronic uterine disease.” He based this prediction on his observations of college-educated women with fewer children than their non-college-educated peers. This belief was shared by Havelock Ellis, who discussed the differences in the sexes in *Sexual Inversion*, published in 1915.

Overall, the nineteenth century rhetoric around sexuality was focused on regulation. The two main sources of this control, as discussed earlier, were law and medicine (Beccalossi & Crozier, 2011). Attempts at regulating sexuality by the state focused on prohibiting sexual knowledge and contraception. At the time, this mainly consisted of vulcanized rubber condoms and large cervical caps, which were precursors to the diaphragm. The medical community also began addressing different aspects of

sexuality, such as the control of venereal disease¹, to the pathologization of pleasure in psychiatry. The Marine Health Service was intimately involved in addressing venereal disease, and Freud, as previously discussed, led the way in psychiatry. The social hygiene movement would in part merge these two areas as the twentieth century began.

The beginning of the twentieth century represented a shift from classifying adult sexuality as “abnormal” to “normal,” which resulted in a more detailed management of the body by social and religious leaders, or what Foucault (1976) termed “biopower”. Foucault saw nation states as being responsible for the regulation of individuals through the control of their bodies. More generally, “biopower” has been used in conjunction with modern public health measures.

Additionally, social, religious, and political leaders made a more distinctive connection between physical and “racial” health in the early part of the century (Mort, 2000). “This ideological transition was reflected in new attitudes to the sexual child as a conduit for the health of future generations, a discursive transition that resonated with larger anxieties on racial fitness within the broader eugenics movement in the Anglophone West” (Hawkes & Egan, 2011, p. 131). In other words, the youth of America represented the health and vitality of future generations of citizens, and the

¹As a note, the evolution of terminology from venereal disease (VD) to sexually transmitted disease (STD) to sexually transmitted infection (STI) has been the result of efforts by the CDC to more accurately describe conditions. VD comes from the Latin, *Venus*, the goddess of love, and was widely used until the 1990s. At that time, the CDC began using STD in order to be more inclusive of bacteria and viruses that can be obtained from sexual contact. However, the term “disease” typically indicates noticeable signs and symptoms, and many infections produce no symptoms. As a result, the use of STI more accurately describes the wide range of sexually transmitted ailments, inclusive of those outwardly discernable, and those with no external symptoms.

overall health of the country. Ordoover (2003) points out that “race” was used to refer to religion, color, class and/or national origins at any given point during this time period.

The eugenics movement that Francis Galton had initiated in Britain made its way to the U.S when biologist Charles Davenport began the American eugenics movement by merging Galton’s ideas with those of Gregor Mendel’s gene theory (Kimmel & Aronson, 2004). Although related in some ways to Social Darwinism, the eugenics movement differed in that proponents did not believe the “unfit” would naturally be culled from society and they saw too many of the unfit surviving. “The objectives of eugenics articulated within the hygiene discourse replaced unreliable and indeed unsuccessful earlier attempts to improve health either through manipulation of the environment or with the predictability of natural selection and the ‘iron laws of heredity’” (Hawkes & Egan, 2011, p. 132).

Whereas other European countries debated eugenics policies, it was the U.S. that undertook the world’s most aggressive program. Dr. Charles Davenport was a leader of the U.S. eugenics movement. As early as 1896, Connecticut passed a law declaring that no imbecile, epileptic or feeble-minded person could marry if the wife were under forty-five (McLaren, 1999). In 1904, Davenport set up the Station for Experimental Evolution in New York. By 1914, as the social hygiene movement was gaining steam, many other states had followed Connecticut’s lead. “Because the fertility of blacks and immigrants was played up by the media as posing WASPs with the prospect of ‘race suicide’, the eugenic lobby in America enjoyed unparalleled success” (McLaren, 1999, p. 128). Davenport was instrumental in training individuals on the science of eugenics, and

became influential in the passing of many of the state laws forcing sterilization, immigration, and miscegenation.

By 1900, the notion of same-sex sexuality was also becoming prominent in society. This notion manifested itself in many ways, one of which was the emergence of women entering institutions of higher education. The result of this insurgence of women in higher education was a higher proportion choosing not to wed. However, many were commonly found in pairs, passionately attached to each other and committed to a lifetime together. However, these relationships were precursors to the emergence of the treatment of same-sex sexuality. “It would be a distortion of the historical record to attempt to homogenize relationships that were so complex...however substantial evidence exists that overtly sexual relationships among unmarried college-educated women were not at all uncommon”(D’Emilio & Freedman, pp.192-193, 1998).

The birth of modern sexuality education arose during the Progressive era, with the beginning of the social hygiene movement in 1913 (Luker, 2006). As a whole, the progressive era was a reform movement that began in the 1890s and played a dominant role in the American political scene between 1900 and 1918 (Bristow, 1996). The intent of these reformers was to combat the consequences of industrialization. “Although convinced of the fundamental soundness and superiority of the American political and economic systems, progressives found that industrialization and the resulting urbanization and immigration had created a multitude of new problems in their society” (Bristow, 1996, p. 9). However, it is important not to simplify the progressive movement too much.

Representing Americans from all classes, sexes, races, and regions, the progressive movement is best understood not as a traditional movement, but rather as a series of “shifting coalitions” among reformers sharing certain essential beliefs but often varying in their particular concerns and priorities (Bristow, 1996, p. 9).

The social hygiene and the eugenics movements played particularly important roles in the progressive era, and as such, so did the issue of sexuality. Moralism, manifest in these ideas, came to dominate the progressive era.

Eugenics concerns led to increases in funding for sex research, and the founding of the New York Social Hygiene Society in 1905 by Dr. Prince Morrow and the American Social Hygiene Association (ASHA) in 1914 in New York City by John D. Rockefeller. These same concerns led to restrictions on immigration, and more than twenty states passing sterilization legislation (McLaren, 1999). Ultimately, this movement focused fully on the social, physical, mental, and spiritual aspects of life, working to ensure health in all areas, of which the prevention of social or venereal diseases (today known as “sexually transmitted infections” or “STIs”) was one aspect (Luker, 2006). Reformers were convinced, in founding ASHA, that if citizens were aware of the medical dangers of sexual immorality, they would refrain from engaging in prostitution and promiscuity.

Thus, sexuality education was just one interconnected component of a much larger educational movement in society at large. Newel Edison, speaking on behalf of the American Social Hygiene Association, asserted that the goal of sex education was

both informational and directive in nature (Hawkes & Egan, 2011). “It should instruct children and youths in the government of their ‘sex impulse’ so as to give them ‘the satisfaction of a rich expression of their own personality and at the same time to furnish outlets that do not bring them into serious conflicts with social standards” (Edison, 1935, pp. 361-370, as cited in Hawkes & Egan, 2011, p. 134).

The interconnectedness of eugenics and the social hygiene movements manifested itself in numerous ways. Generally, scholars make the distinction between positive eugenics, which emphasized incentives to encourage individuals deemed to be of higher value to have more children, and negative eugenics, which focused on strategies such as contraception, sterilization, coerced abortions, and even murder to discourage individuals deemed of lesser value from reproducing (Herzog, 2011). The trick for many social hygienists, in advocating for contraception, was to advocate on its behalf without discouraging births among those of higher value. Some of the most prominent birth control advocates of the early twentieth century, including Marie Stopes, advocated for mutually delightful married sex and marketed cervical caps as “pro-race” (Herzog, 2011, p. 25). The desire to separate sex from reproduction was strong.

Thus, “The word ‘social’ was special too--for these new ‘social hygienists’, it was a euphemism for sex (as in the ‘social diseases’, meaning the venereal diseases), but it also marked the fact that for them, the proper use of sexuality was intimately related to all the dimensions of ‘hygiene’ that they cared so much about” (Luker, 2006, p. 39). The social hygiene movement attracted some of the brightest and most influential men and

women of the time, which was a testament to its strength and the convictions of those committed to the goals of the movement.

Significant contributors to the fields of sexology and psychoanalysis contributed to the notion of the sexual child as dispassionate, objective, and normalizing. Freud, Ellis, Albert Moll (1862- 1939), Iwan Bloch (1872- 1922), and Magnus Hirschfeld (1868- 1935) all utilized case studies to demonstrate that the normal child possessed the capacity for sexual responses and directed erotic responses beginning at an early age (Hawkes & Egan, 2011). This shared belief that the sexuality of children had been thus far ignored or misrepresented led to increased discussion on the role of sex education by sexologists and social reformers.

In part, the goal of the social hygiene movement was to find a place for sex in what was a rapidly changing society as the progressive era took hold. Marriage rates were dropping, with increasing numbers of well-to-do Americans avoiding marriage in favor of participation in the industrial revolution opportunities that were shifting the economic context of the country. The rapid urbanization of the late 1800s and early 1900s shifted the polite childhood observations on the farm to cities rife with temptation and vice. This urbanization increased the perceived need by parents, religious leaders, and social reformers for sexuality education in the classroom.

The First World War additionally removed many men from the prospects of marriage. Even more troubling was the fact that the notions of sex and procreation were no longer connected. Definitions of marriage and sexual intimacy needed to be redefined due to rising rates of sex outside of marriage. In addition, social hygienists saw the

spread of prostitution and venereal disease to both large cities and smaller communities. The spread of syphilis and other diseases became the manifestation of Comstock's fears for the degradation of American society. The eugenics movement continued to serve as a manifestation for social hygiene, and by the middle of the 1930s, approximately 20,000 legal, forced sterilizations had been conducted in the U.S. (Kevles, 1995, as cited in Kimmel & Aronson, 2004).

The fear of the separation of sex and procreation was connected to beliefs that children were growing up too fast. G. Stanley Hall's coined notion of *Adolescence* (1904) was popularly used as an argument for protecting children longer, lest they fall victim to various sexual temptations (Hendrick, 1990). These social observers certainly focused their attention more on boys than girls, as girls' sole role was still seen as preparing for marriage. That emphasis on boys has continued to the present day. Research indicates the importance of adolescence for girls (Brown & Gilligan, 1992; Gilligan, 1990), but silencing women's sexual desire (Brown, 1991) has become the status quo as sex education curricula historically and presently focus more on acknowledging boys' sexuality (Fine, 1988; Tolman, 1991).

As the social hygiene movement was getting off the ground, the first wave of the women's rights movement was reaching a dramatic crescendo. Controversy over the role of Black men and women had caused a split in the women's rights movement, and race remained a crucial factor in the movement. Lucy Stone and Julia Ward Howe had formed the American Woman Suffrage Association, and Elizabeth Cady Stanton and Susan B. Anthony had formed the National Woman Suffrage Association. Each took a

different approach to advocating for women's suffrage, which had emerged as the key issue in the movement. In 1920, seventy-two years after the Seneca Falls Convention, the nineteenth amendment was passed, granting women the right to vote (Kirk & Okazawa- Rey, 2010). Following this victory, the movement dissipated, in contrast to the social hygiene and eugenics movement. Their continued progress was shaping societal understandings of sexuality in numerous ways.

The social hygiene movement and the eugenics movement merged in a number of ways by the 1920s, including the founding of the American Eugenics Society in 1923. Although English eugenicists had initially been opposed to birth control, they eventually came around. Havelock Ellis pointed out in *The Task of Social Hygiene* that birth control allowed selection in reproduction, and that since family sizes were already being limited for the fit, the easiest solution might be to cajole the unfit to join it its use (Ellis, 1912).

In 1912, the Marine Hospital Service was officially renamed the Public Health Service. Growing concerns over shifting patterns in sexual activity and venereal diseases garnered the attention of the PHS, and by the time the United States entered World War I, they had assumed responsibility for the sexuality health of the nation. Sex education at that time became problem-centered, as efforts focused on preventing soldiers from having sex with prostitutes and acquiring various venereal diseases (Maddock, 1997). Social hygiene became a backdrop to government efforts to manage soldiers.

During this time, motion pictures emerged as a source of entertainment as well as a tool for education and propaganda. *Damaged Goods* became the earliest sex education film and was released by the Public Health Service to education the public about syphilis

(Eberwein, 1999). “The premise of the film was that of a bachelor about to marry. He has a sexual encounter with a prostitute before his wedding night; he acquires syphilis, passes it on to his new-born baby, and then commits suicide” (Eberwein, 1999, as cited in Campos, 2002, p. 60). The release of the films *Fit to Fight/Win* (1917/1919) and *The End of the Road* (1918) by the PHS, which were shown to all incoming military personnel, launched the government’s campaign to ward off the spread of syphilis and other venereal diseases. The films played up numerous stereotypes in attempt to scare military officers into practicing abstinence while in the military (Lord, 2010). These would be the first of a long line of films, propaganda posters, and other educational materials distributed by the PHS in an attempt to promote positive sexual health.

Popular literature and film served as a subtext for eugenics and the social construction of gender as well (Kimmel & Aronson, 2004). William Faulkner’s *The Sound and the Fury* (1929) brings attention to fears of feeble-minded men, and films such as *Frankenstein* (1931) were a product of eugenic fears of unfit individuals. Kimmel & Aronson (2004) also point out John Steinbeck’s Lennie from *Of Mice and Men* (1937) as an example of a feeble-minded man who doesn’t fit society’s definition of masculinity.

Throughout these efforts, sexuality education slowly moved into the classroom. The increase in school attendance as a result of compulsory education laws, combined with changing economic conditions meant more children were showing up in the classroom and staying there longer. “Reflecting their own uneasiness with sexuality, the early sex educators constructed a program whose central mission was to quash curiosity about sex” (Moran, 2008, p. 3). Initially, these sexuality education programs involved

outside physicians coming in to provide brief lectures on reproduction, venereal disease, and the moral dangers of pre-marital sex. The precedent for boys and girls being separated for these discussions emerged at this time as well (Moran, 2008). The fear of contracting venereal diseases was instilled in these young students, especially girls, so effectively that many worried that girls would never marry.

Although the sexuality education curriculum was morally heavy, opposition was swift. Chicago became the first public high school to implement sexuality education in 1913. Almost immediately, the Catholic Church objected (Moran, 2008). Eventually, the influence of their attack led to the resignation of Ella Flagg Young, the Chicago superintendent of schools. Thus, the Chicago controversy set the tone for many future debates over the politics of sexuality education in the United States (Moran, 2008).

World War I fueled great changes in views on sexuality. The younger generations were disillusioned with the “old men” that sent them off to die, and constraints on sexuality were loosening (Garton, 2004). “In the context of postwar hedonism and greater sexual freedom, the ideas of sexologists began to spread. Their work was popularized in magazines and journals for a mass audience” (Garton, 2004, p. 164). Feminists continued to fight for issues such as wages, childcare, divorce, and social policy, but the area of sexuality was beginning to dominate.

Amidst these efforts, combined with the Comstock laws, emerged Margaret Sanger. She was raised in a progressive atmosphere with a socialist, feminist father, and a husband active in the socialist party (McLaren, 1999). She moved to New York City in 1911, and began to understand the plight of poor women in her work as a nurse.

Sanger's ability to grasp onto the moral high ground set her apart. "She coined the term 'birth control' as a positive description of family limitation to replace the old, gloomy economic label, 'Neo-Malthusianism'. She thus began to separate the issue of fertility restriction from some of its nineteenth century political and economic associations" (McLaren, 1999, p. 65).

In 1916, she opened the first birth control clinic in the country, and police promptly arrested her for it. This, however, was only one aspect of Sanger's efforts and her entire life was one of controversy (Melody & Peterson, 1999). She was arrested on several occasions under the Comstock laws, and her speaking and writing efforts were blocked and protested frequently (Melody and Peterson, 1999). "Through her work, Sanger indirectly brought sex outside of procreation to public consciousness" (Campos, 2002, p. 61). Additionally, she wrote two books-- *What Every Mother Should Know* (1916) and *How Six Little Children Were Taught the Truth* (1916)--as guides for parents to teach their children about sex. She also published *The Case for Birth Control* in 1917 (see figure 1).

She more generally argued in *The Pivot of Civilization* (1922) that sex would be the avenue down which married women would be freed. Sanger and her British counterpart, Marie Stopes, "perhaps went furthest in defending the emancipatory powers

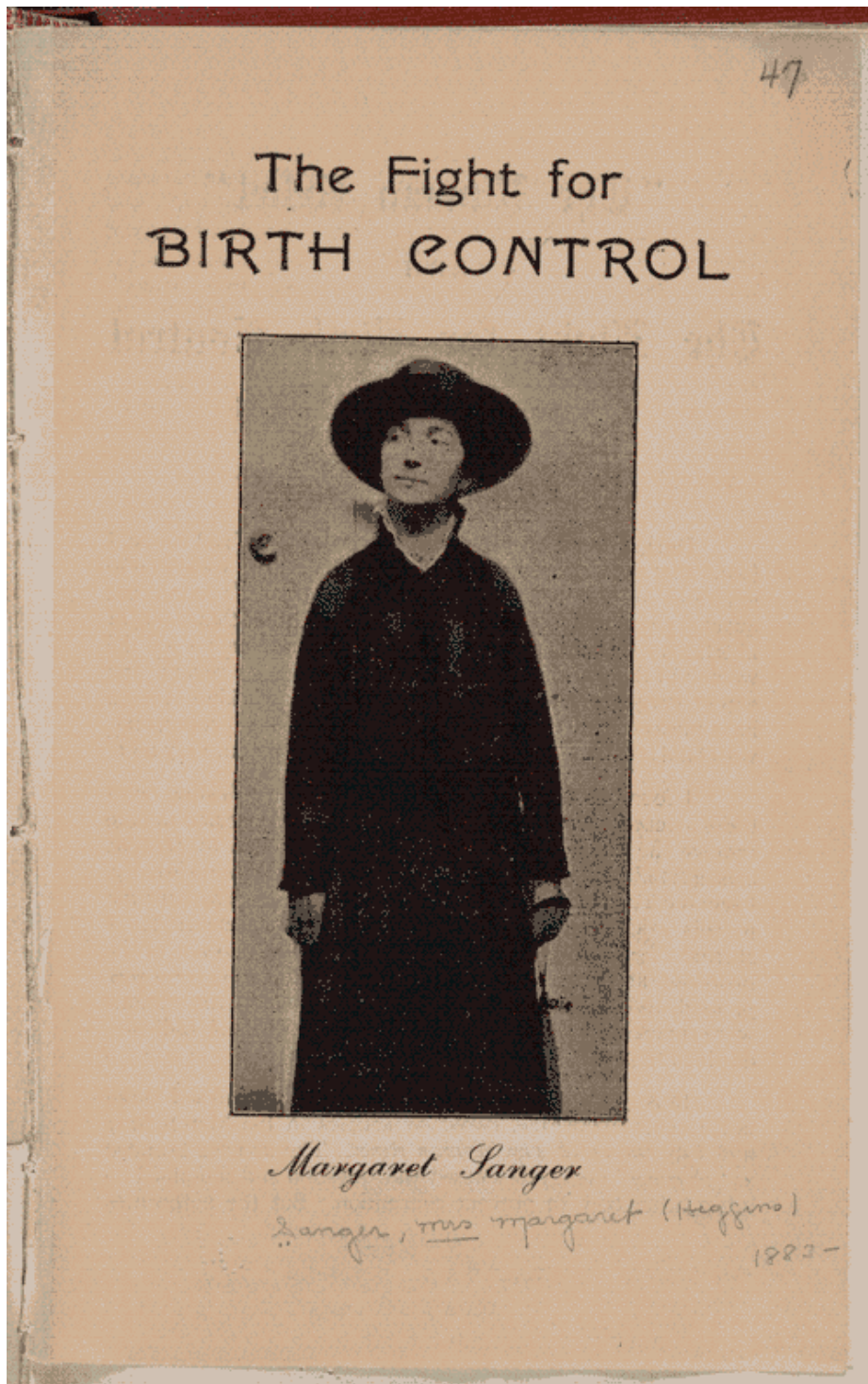


Figure 1: Margaret Sanger, *The Fight for Birth Control* (New York: Max Maisel, 1916). HQ763.P3 pamphlet 47. Rare Book and Special Collections Division. <http://memory.loc.gov/ammem/awhhtml/awlaw3/d6.html>

of sex but the notion that the quality of a married couple's sex life could serve as the barometer of their relationship had a wide resonance" (McLaren, 1999, p. 61). This new approach to marriage focused on the centrality of sexual pleasure and companionship as the main purpose.

In 1921, she founded the American Birth Control League, which later became the Planned Parenthood Federation of America. Sanger, along with Stopes, destroyed many of the fertility myths of the time, such as the belief that coughing could prevent contraception. They additionally condemned abstinence as the enemy of marriage, and declared coitus interruptus, which was widely practiced around the world, as an ineffective means of birth control (McLaren, 1999).

At her core, Sanger was a radical feminist, and her efforts had a profound impact on sex education as a whole. The work of Sanger, along with Anthony Comstock's death in 1915, signaled a reordering of sexuality in America. Sanger's fight for birth control, which differed significantly from nineteenth century feminist advocacy of voluntary motherhood through abstinence, along with a move away from the earlier prescriptions of continence and self-control ushered in a new sexual order (D'Emilio & Freedman, 1997). "Finally, middle-class cultural radicals, emboldened by the critique of political and economic institutions that left-wing agitators promoted, self-consciously broke with the marital ideals of their upbringing as they sought to construct new forms of personal relationships" (D'Emilio & Freedman, 1997, p. 223).

By this time, the fears over venereal disease had gripped the country. Rates were rising, and the attention given to these diseases by the Public Health Service, during and

after the first World War emphasized their dangers. Additionally, the spread of propaganda materials made available by cheaper printing options in the quickly emerging industrial nation meant information was being communicated more efficiently and at a much more rapid rate. Information about the spread of venereal diseases also served the interests of social hygienists and eugenists, who were promoting increasingly negative eugenics policies (Selden, 1999).

These fears, combined with a heightened awareness of sex education, resulted in numerous publications dealing with birth control, teaching children about sex, and various approaches for teachers (Campos, 2002). In 1917, Bertha Cady published an article entitled *How Shall We Teach: The Normal Schools and Colleges and the Problem of Sex Education*. The article emphasized the importance of sexuality education and asserted that current efforts were falling well short of addressing the needs of youth. She discussed the responsibilities of parents, teachers, schools, and religious organizations and pointed out that most parties were unprepared to provide adequate education, which resulted in inaccurate information from peers (Campos, 2002). She was among the first to suggest that sexuality education should be integrated throughout the school curriculum and assessment should be conducted to measure effectiveness and implementation.

President Wilson, just days prior to declaring war on Germany in 1917, invoked a provision of the 1902 act that had restructured the Public Health and Marine Hospital Service (Hamowy, 2007). He was fearful of the spread of disease among the troops and the negative impact it would have on impending war efforts, and “the federal

government instituted an intensive system of supervision in zones surrounding each military camp and around the major industrial centers engaged in war work” (Hamowy, 2007, p. 28). Sanitary work was being conducted across the country by the summer of 1917 and new police powers had been granted to the Secretaries of War and the Navy for the suppression of prostitution in the vicinity of any military base. Fears that had been stoked by the high rates of disease among overseas troops prompted Congress to enact additional public health legislation.

In the spring of 1917, the War Department established the Commission on Training Camp Activities (CTCA). The Commission was responsible for overseeing life in and around the Army’s training camps as the U.S. mobilized for the war. The goal was ultimately to prevent the “moral decay” of the soldiers and alleviate the fears of parents and family members worried about their sons returning to them ruined in body and ideals (Bristow, 1996; Parascandola, 2008). Concerns over soldiers’ contraction of venereal disease and the impact it would have on their ability to fight were high at all levels.

The overall wartime plan for protecting soldiers from venereal disease, involving these agencies and others, stressed legal repression of prostitution, prompt medical treatment for infected soldiers, provision of ‘wholesome’ recreational opportunities in and near training camps, and venereal disease education for recruits. The program was designated the ‘American Plan’ (Parascandola, 2008, p. 50).

Fears over the exposure of American soldiers once they arrived in Europe prompted further action as well, and men were required to receive chemical prophylaxis, which involved a chemical injection into the penis, as well as a topical ointment, once they arrived.

The CTCA employed the assistance of numerous state, local, and social agencies in achieving its goals in the U.S. The YMCA and the Knights of Columbus provided much of the recreational opportunities, and the American Library Association was providing books for reading (Parascandola, 2008). Numerous local clubs and churches organized activities around the camps as well. The American Social Hygiene Association and local police agencies also cooperated with the CTCA.

The CTCA also established a social hygiene program, which was directed by Dr. Walter Clarke of the American Social Hygiene Association (Parascandola, 2008). The division utilized proven advertising techniques to convince soldiers to practice self-restraint. Posters, pamphlets, exhibits and lectures were utilized to educate the troops (see figure 2) (Parascandola, 2008). The CTCA preferred to stress rationality and science over moralism out of fears of alienating troops, and the focus was on staying healthy. However, morality still factored into the educational efforts, as sexual continence became the focus of much of the educational efforts (Brandt, 1987).

By 1918, the CTCA had extended its efforts to the general public, and the Social Hygiene Instruction Division of the U.S. Army and Navy had become the Social Hygiene Division. Dr. William F. Snow of the ASHA was charged with expanding venereal disease education to the larger population (Parascandola, 2008). They directed

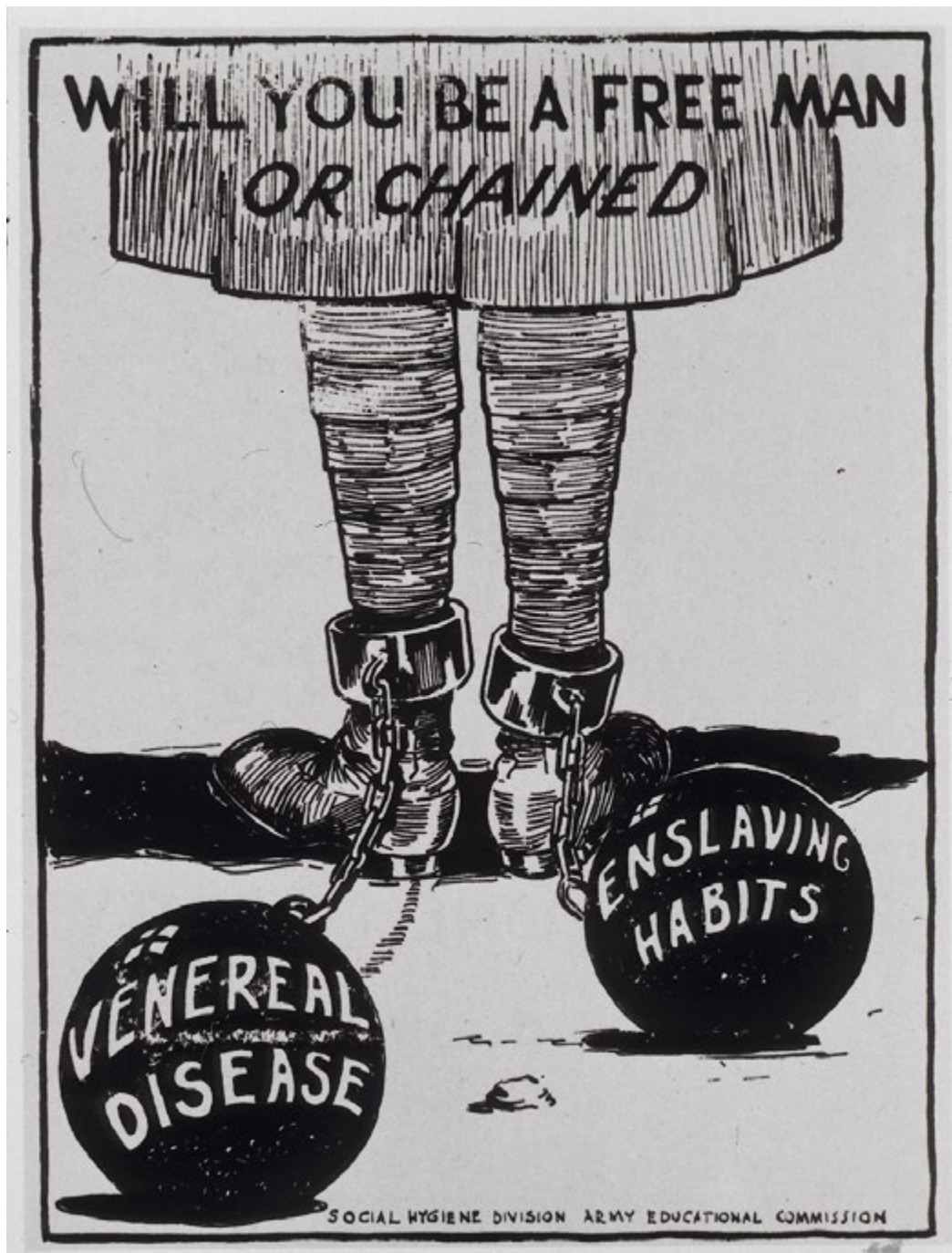


Figure 2: U.S. Army Social Hygiene Division poster warning soldiers about venereal disease and other enslaving habits, i.e. masturbation, 1918 (U.S. National Library of Medicine)

their efforts not only at men, but also at women who they claimed had no clear knowledge of venereal disease. The film *End of the Road* was released by the CTCA in 1918 and aimed directly at women (Parascandola, 2008). The film offered a very similar message to that of the film *Fit to Win*, which was released a year later.

The CTCA's directed efforts based on gender did not represent the only separation of educational initiatives at the time. By 1917, racial tensions were becoming high in the U.S. as well. Black troops were drafted into the military, but numerous steps were taken to segregate them from White soldiers in order to squelch fears of uprising, especially in the south. The CTCA thus had a problem, as they had committed their efforts to all U.S. troops (Parascandola, 2008). Separate programs were set up in camps for Black and White soldiers. The CTCA faced additional trouble because the same community organizations that were providing much of the entertainment for White soldiers was opposed to doing so for the Black soldiers. As a result, historian Nancy Bristow concluded that the CTCA failed to adequately serve Black soldiers, and they did not reach out to the Black community to the same degree as with the White community (Bristow, 1996).

In general, the CTCA accepted the prominent stereotypes of Black citizens as having lax morals and a high sex drive, thus making them more susceptible to venereal disease (Parascandola, 2008). They also acquiesced to southern demands for segregated detention centers for White and Black women, and in many cases, a lack of facilities meant Black women were simply placed in prisons. Unsanitary and uncomfortable conditions for incarcerated Black women were quite common throughout the south

(Bristow, 1996). Assumptions about the low moral character of Black soldiers meant they were often subjected to mandatory prophylaxis upon returning from service as well. Although rates of venereal disease were reported to be higher for Black soldiers than White soldiers, the statistics are unreliable and many doctors were likely predisposed to diagnose Black soldiers with syphilis or gonorrhea (Brandt, 1987).

By the end of 1918, the CTCA had succeeded in closing many of the red light districts around the country. However, this had only served to shift the locations of prostitutes to other community areas (Parascandola, 2008). The response was the creation of detention centers to house women who were arrested as prostitutes. The concern over the sexuality of young women certainly predated the war, however, and was discussed previously in the sexual history of the nineteenth century. Concerns over working class women were and continued to be especially prominent and displayed the class distinctions that were present alongside the racial concerns of the eugenics movement (Parascandola, 2008). Additionally, the focus on defining masculinity and femininity as separate spheres was central to the efforts of the CTCA (Bristow, 1996). In doing so, the sexual double standard continued to be upheld by CTCA programs. In 1918, Congress rather easily passed the Chamberlain-Kahn Act, which created the Venereal Disease Division within the Public Health Service and allocated two million dollars to fight venereal disease (Lord, 2010). The act created an interdepartmental social hygiene board and the Division of Venereal Diseases was established in the Public Health Service as well (Hamowy, 2007). At the same time, the PHS lobbied state legislatures to pass laws for the suppression of vice which were seen as integral to

fighting venereal disease. The PHS was also given power to administer a series of grants to the states, which marked the first piece of national legislation specifically aimed at sexuality education and sexual health. It would certainly not be the last. How best to address these concerns, however, was not specifically outlined in the legislation.

The Chamberlain-Khan Act was ostensibly an attempt at combating the sexual vices that moral reformers saw as harming the country. The overall concern was with the health of soldiers, who were contracting venereal disease at alarming rates. According to the act, “any woman walking alone near a military base was subject to arrest, incarceration, and a forced gynecological exam, which reformers condemned as ‘speculum rapes’. Those found to have venereal disease were quarantined in federal institutions” (Stone & Kuznick, 2012). Federal appropriations under the terms of the Chamberlain-Kahn Act are shown in table 1.

Congress and the PHS both emphasized the need for sex education that presented “accurate knowledge and a wholesome point of view”. This belief resulted in a focus on reproduction, childcare, and the meaning of marriage. Although unintended pregnancy was a concern, the PHS focused its efforts on fighting venereal disease. Ultimately, the topic of contraception was still taboo but fighting disease seemed to be universally accepted.

Table 1

Federal Appropriations for Civil Venereal Disease Programs 1918-1925

| Year | Congressional Appropriation (\$) | Actual allotment by the PHS (\$) |
|---------|----------------------------------|----------------------------------|
| 1918-19 | 1,000,000 | 912,168 |
| 1919-20 | 1,087,831 | 901,486 |

Table 1 (continued)

| Year | Congressional Appropriation (\$) | Actual allotment by the PHS (\$) |
|---------|----------------------------------|----------------------------------|
| 1920-21 | 546,340 | 274,213 |
| 1921-22 | (unexpected balance) | 272,132 |
| 1922-23 | 225,000 | 209,309 |
| 1923-24 | 100,000 | 92,842 |
| 1924-25 | 25,000 | 25,000 |

Source: Leigh, R. D. (1927). *Federal Health Administration in the United States*. New York: Harper & Brothers Publishers, p. 410.

Abstinence was stressed in the early years of the PHS's efforts. This was in spite of the fact that many Americans were now using contraceptive methods, such as cervical caps and diaphragms, to limit family size (Lord, 2010). As the war ended, the PHS increased its sex education efforts, largely with the support of Americans.

One of the earliest widespread cinematic contributions to the efforts to fight venereal disease was the 1917 film *Fit to Fight*, and corresponding pamphlets (see figure 3). The film, which was directed by Lieutenant Edward H. Griffith and promoted by the PHS, followed the fortunes of five men suitable for military service, with four of them succumbing to vice. The film was revised and extended in 1919, after the war, and released under the name *Fit to Win*. Interestingly, the film was deemed obscene in New York shortly after the war. Lashley and Watson (1922) summarize the film and describe the presence of a series of lesions resulting from venereal disease, followed by the introduction of a story involving five young men. These men begin as civilians, but are drafted and have very different experiences with prostitutes and general sexual activity.

Several of the men are eventually infected with venereal disease, and the consequences of their actions are portrayed as severely negative.

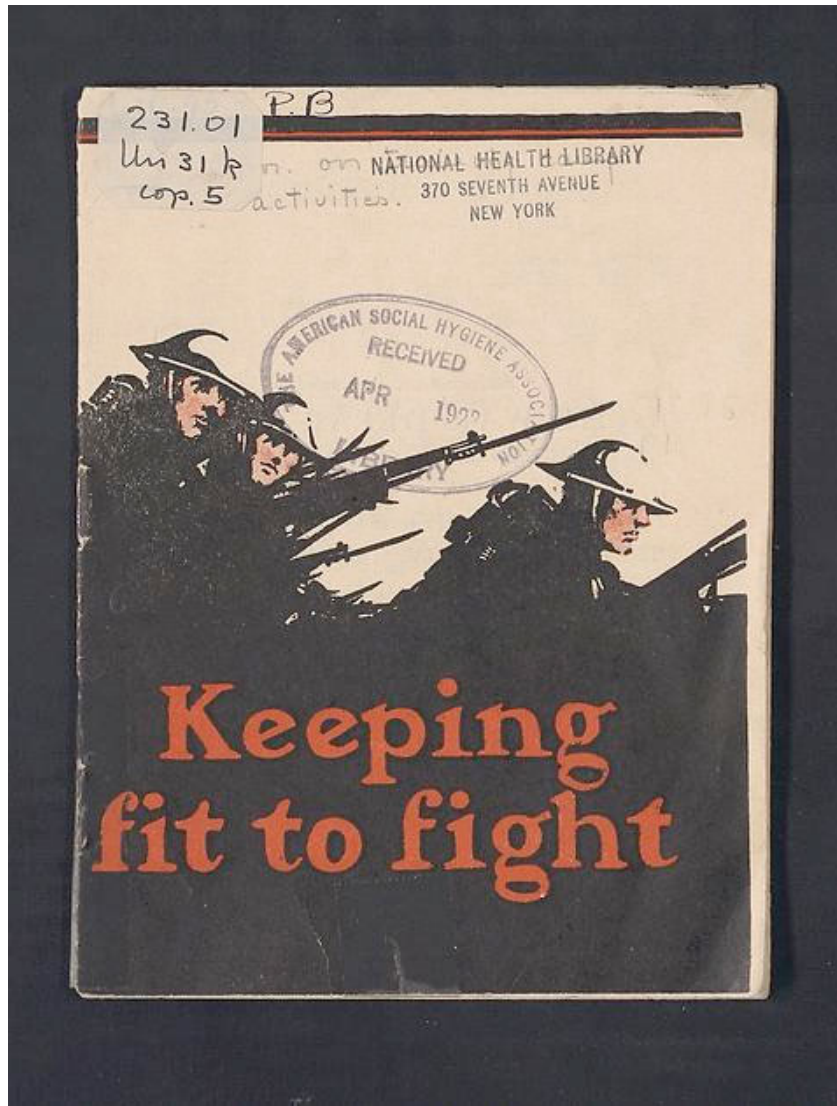


Figure 3: Keeping fit to fight pamphlet, 1918, American Social Health Association Records, <http://umedia.lib.umn.edu/node/272797>

Almost as soon as the armistice was signed in 1918, the relatively open discussion about venereal disease ended. Newspapers and magazines stopped

publicizing the problem, and numerous states, including New York as previously mentioned, passed obscenity laws that severely limited discussion of venereal disease and sexuality in general (Parascandola, 2008). Social comfort regarding sexuality was never all that different during wartime, but the pressure from the military meant that social concerns were set aside. With the war over, people were once again able to quietly avoid discussing sexuality.

By 1922, the PHS had withdrawn all of its antivenereal disease films from circulation. Brandt (1987) points out that while there was an increase in sexual activity in the Roaring Twenties, “a strong crosscurrent of demand for moral rectitude and gentility persisted” (p. 122). As a result, “sexually transmitted diseases were drawn once again behind a veil of secrecy” (p. 122).

Conservatives warned that taking millions of men away from their families had eroded male power at the end of the First World War (McLaren, 1999). Prior to the war, conversations about conventional gender roles in the context of sexuality were already shaping societal views, and they would only increase. Many individuals attribute much of the moral change with regard to sexuality to the First World War and the resulting change in views of sexuality. The mystery of the human body had vanished from societal culture, replaced by medical inspection and discipline (McLaren, 1999).

In addition, sexuality was spoken of more freely than it ever had been in the past, especially as it related to health, productivity, racial purity, and the military strength of the nation (Domansky, 1996). “Reproduction assumed a crucial importance with a host

of new experts--led by eugenisists, feminists, doctors and birth controllers- calling for an unprecedented public surveillance of childbearing” (McLaren, 1999, p. 22).

To a degree, the PHS was also working to undo inaccurate and taboo sex education that children were receiving in movie theaters, carnivals, books, and advertisements, such as ineffective means of birth control and myths about the contraction of venereal diseases. As a result, they called for “teacher training, educational activities about the dangers of prostitution, sex education courses for working and non-working adolescents, the distribution of sex education pamphlets and placard campaigns, and even widespread showings of the Service’s first sex education films” (Lord, 2010, p. 33). This aim of combating inaccurate media information persists today in the work of comprehensive sex educators.

The distribution of these posters and pamphlets began with the PHS’s first sex education campaign, in conjunction with the Young Men’s Christian Association (YMCA), *Keeping Fit*, in 1919. Although a majority of Americans believed that young children should receive sexuality education, the PHS worried about the ramifications of too broad and inclusive a message about sexuality education and thus played it safe in directing this program at adolescent boys. What was most surprising about *Keeping Fit* was the lack of inclusion of any discussion of reproduction or sexually transmitted diseases (Lord, 2010). In a sense, this was in keeping with the commonly held belief in the U.S. as a whole, as previously mentioned, that explicit discussions of sex were vulgar. This led to the program being linked with various aspects of Christian morality, which were earlier discussed as a focal point for the social hygiene movement as a

whole. This would end up hurting the PHS as the nation became more diverse and less Christian in the coming years (Lord, 2010). The program for women began three years later, but was even less successful, in part due to a lack of funding.

In all, the *Keeping Fit* campaign encompassed a 48-poster series, and was produced in collaboration with the American Social Hygiene Association. The posters were designed to educate boys and young men on the dangers of sexual promiscuity and help them embrace moral and physical fitness. Examples of the posters can be seen in figures 4 through 11. The *Youth and Life* poster series was aimed at educating teenage girls in the same principles and was released in 1922. Examples of these posters can be seen in figures 12 through 18.

By this time, the belief in the need for sex education as a part of the school curriculum was even stronger with parents, educators, and government officials. During the Jazz Age of the 1920s, sexuality education typically took place in the biology classroom (Moran, 2008). During the 1920s, a clear separation between the sexuality of adults and that of children emerged and shaped the sexuality education curriculum of the time. For the first time, sex educators saw sex as a healthy and important aspect of marriage, and they straddled the line as they encouraged healthy sexuality within marriage but emphasized the dangers outside of marriage (Moran, 2008).

One such educator who helped to direct sexuality education efforts of the 1920s was American social hygienist, sex educator, and eugenicist Maurice A. Bigelow. His work had begun prior to the 1920s, and his lectures in 1916 focused on basics of sex education

(Bigelow, 1916). In 1925, he spoke at the Annual Social Hygiene Conference and established his twenty-one points of social hygiene. These included the following.

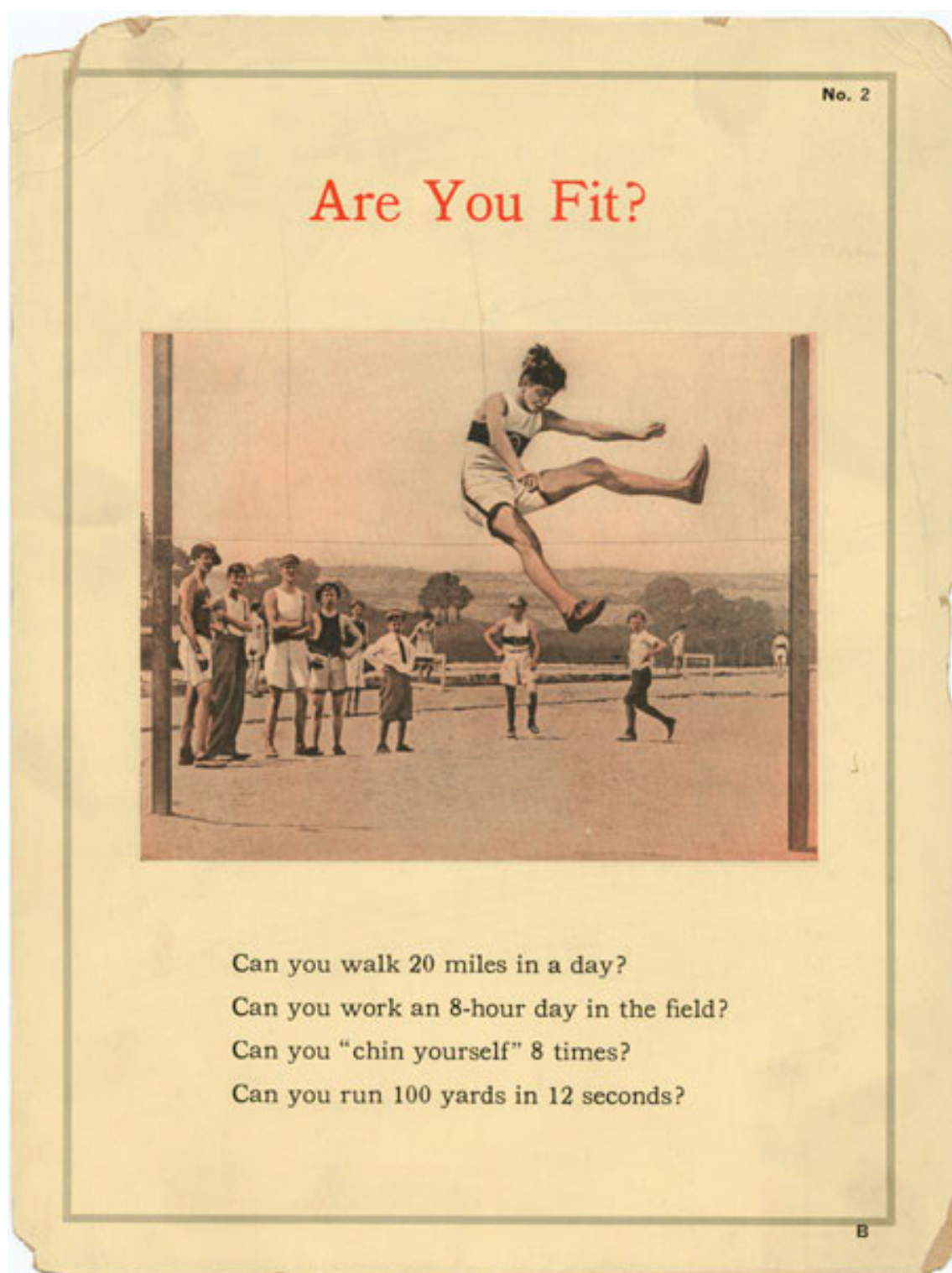


Figure 4: Are You Fit?

No. 12

Avoid Constipation



1. Drink water freely on arising
2. Be sure that your bowels move at least once each day
3. Make it a habit to sit on the stool the same hour each day
4. Eat laxative foods, such as fruits, fresh vegetables and coarse breads
5. In general, avoid laxative drugs, except under medical supervision

B

Figure 5: Avoid Constipation.

No. 10

Bathe Often



Equipment everyone can afford

Equipment everyone can hope to use

How to Bathe

1. Warm water and soap 3 minutes
2. Cold water about $\frac{1}{2}$ minute
3. Rub down with coarse towel 4 minutes

A pleasant reaction, a sensation of warmth and a feeling of general well-being should always follow the bath

Daily bathing, frequent washing of the face with soap and water, and drying with a clean towel will help prevent but not cure pimples. Pimples do not indicate any serious defect. If they cause inconvenience the family physician may be consulted

B

Figure 6: Bathe Often.

No. 19



Keep Your Mind Occupied With Good Books

Some good ones are

| | | |
|-------------------------------------|---------|-------------------------|
| TREASURE ISLAND | - - - - | Robert Louis Stevenson |
| TOM SAWYER | - - - - | - - Mark Twain |
| THE VIRGINIAN | - - - - | - - Owen Wister |
| THE CRISIS | - - - - | - - Winston Churchill |
| THE MAKING OF AN AMERICAN | - - - - | - - Jacob A. Riis |
| THE LAST OF THE MOHICANS | - - - - | - - J. Fenimore Cooper |
| THE DOCTOR | - - - - | - - Ralph Connor |
| KIM | - - - - | - - Rudyard Kipling |
| POEMS OF ACTION | - - - - | - - David R. Porter |
| HIGH ADVENTURE | - - - - | - - Captain Norman Hall |
| MEN OF IRON | - - - - | - - Howard Pyle |
| THE LITTLE SHEPHERD OF KINGDOM COME | - - - - | - - John Fox, Jr. |
| PROFITABLE VOCATIONS FOR BOYS | - - - - | - - Weaver and Byler |

B

Figure 7: Keep Your Mind Occupied with Good Books.

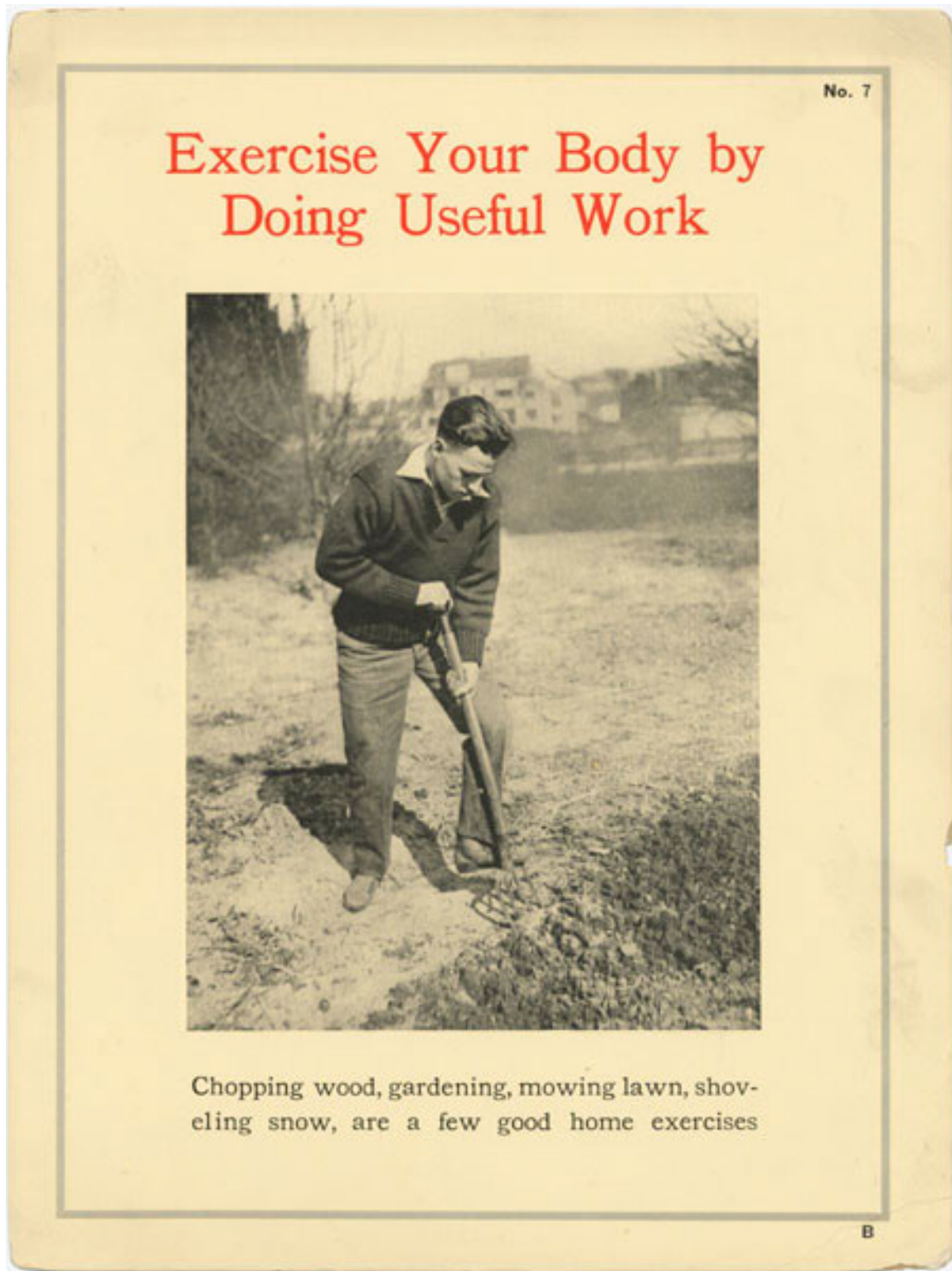


Figure 8: Exercise Your Body by Doing Useful Work.

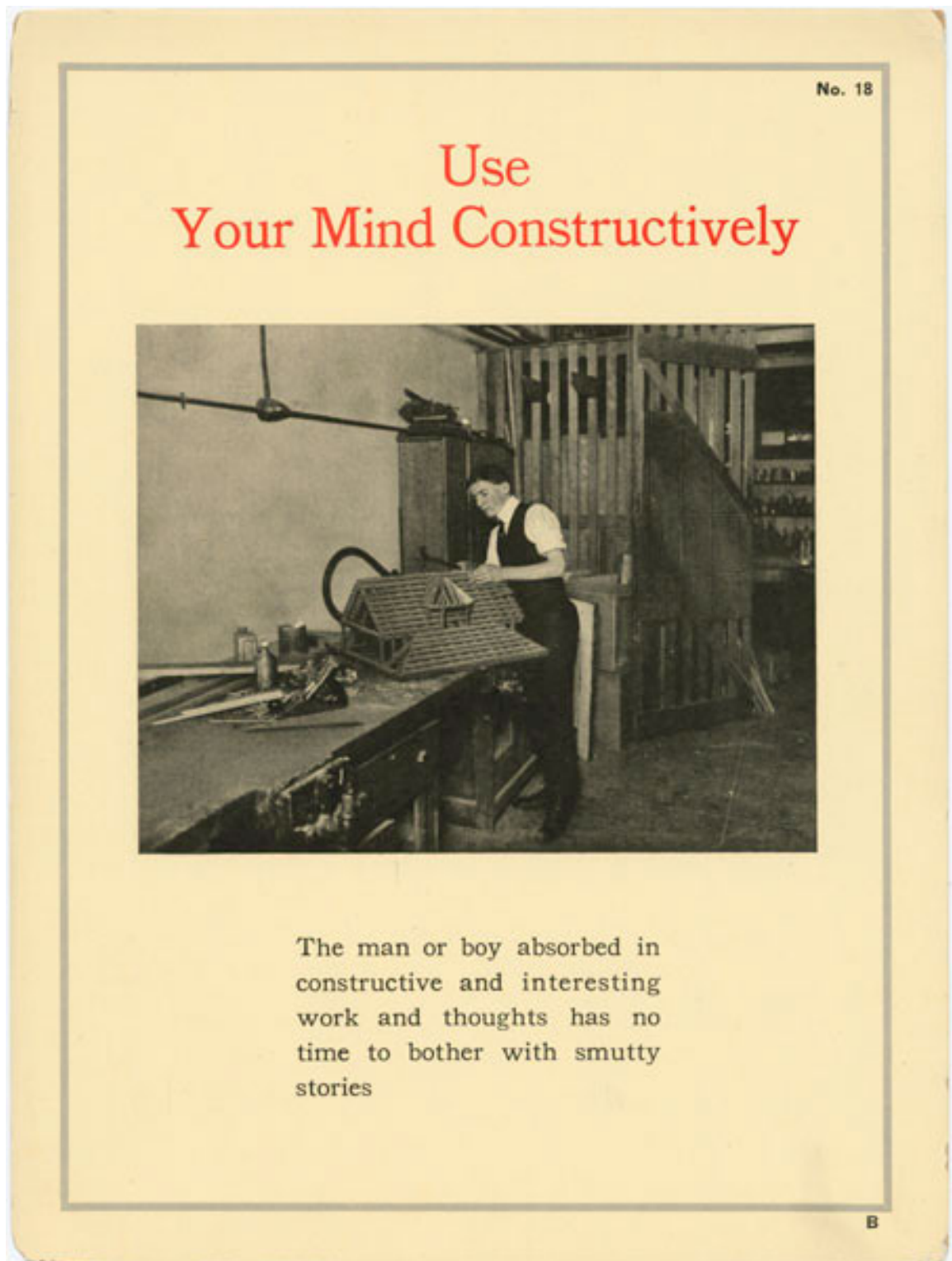



Figure 9: Use Your Mind Constructively.

No. 15

A Natural Experience



A new experience comes into the lives of most boys when they become about 15, 16 or 17 years old (like the boys above)

Occasionally (about one to four times a month) a fluid from inside the body is discharged from the sex organ during sleep

This is a natural experience. It is called a seminal emission

B

Figure 10: A Natural Experience.

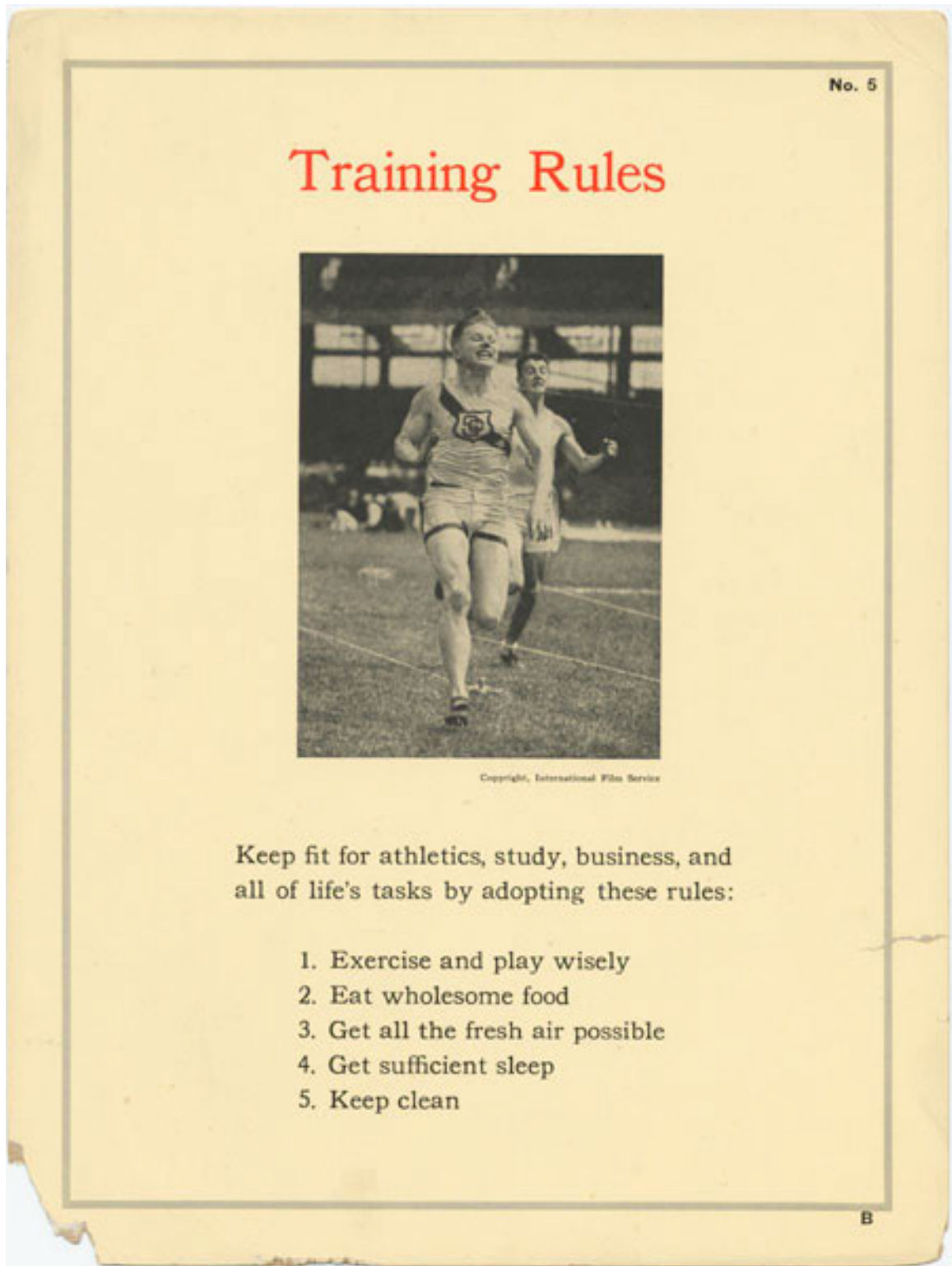


Figure 11: Training Rules.



Figure 12: Beauty That Will Last.

No. 43

Home-Making A Science



By courtesy of the Fleischmann Co.

A real home is no accident. Efficient house-keeping increases home comfort. It requires knowledge and skill

Learn

| | |
|-----------------------------|----------------------------|
| To care for the house . . . | <i>Business efficiency</i> |
| To spend wisely . . . | <i>Budget system</i> |
| To feed the family . . . | <i>Food values</i> |
| To care for the baby . . . | <i>Child hygiene</i> |

Youth and Life Exhibit. Part No. 43. (Forty-eight Pam.) Copyright 1912, by The American Social Hygiene Association

Figure 13: Home-Making A Science.

No. 17



By courtesy of St. Nicholas

The secretion of the ovaries makes the girl grow
into a woman

The secretion in the testes makes the boy grow
into a man

The ovaries and testes also make possible father-
hood and motherhood—reproduction

Youth and Life Exhibit, Part No. 17, (Forty-eight Parts.) Copyright 1922, by The American Social Hygiene Association

Figure 14: The secretion of the ovaries.

No. 26

What Sex Brings to the Girl



Sex endows the girl with beauty of body, vivacity, and charm of manner

It is the sex or creative impulse which inspires her warmth of affection, her intensity of purpose, her desire to devote herself to the welfare of humanity

Youth and Life Exhibit. Part No. 26. (Forty-eight Parts.) Copyright 1922, by The American Social Hygiene Association

Figure 15: What Sex Brings to the Girl.

No. 45

Home-Making a Talent



Build your home upon a personality
It may be a single room in a city boarding house
It may be with another girl, or with your own family, or alone
But if you bring to it the zest of living, an interest in people and events, and friends worthwhile, yours will be a real home

Youth and Life Exhibit. Part No. 45, (Forty-eight Parts.) Copyright 1912, by The American Social Hygiene Association

Figure 16: Home-Making a Talent.

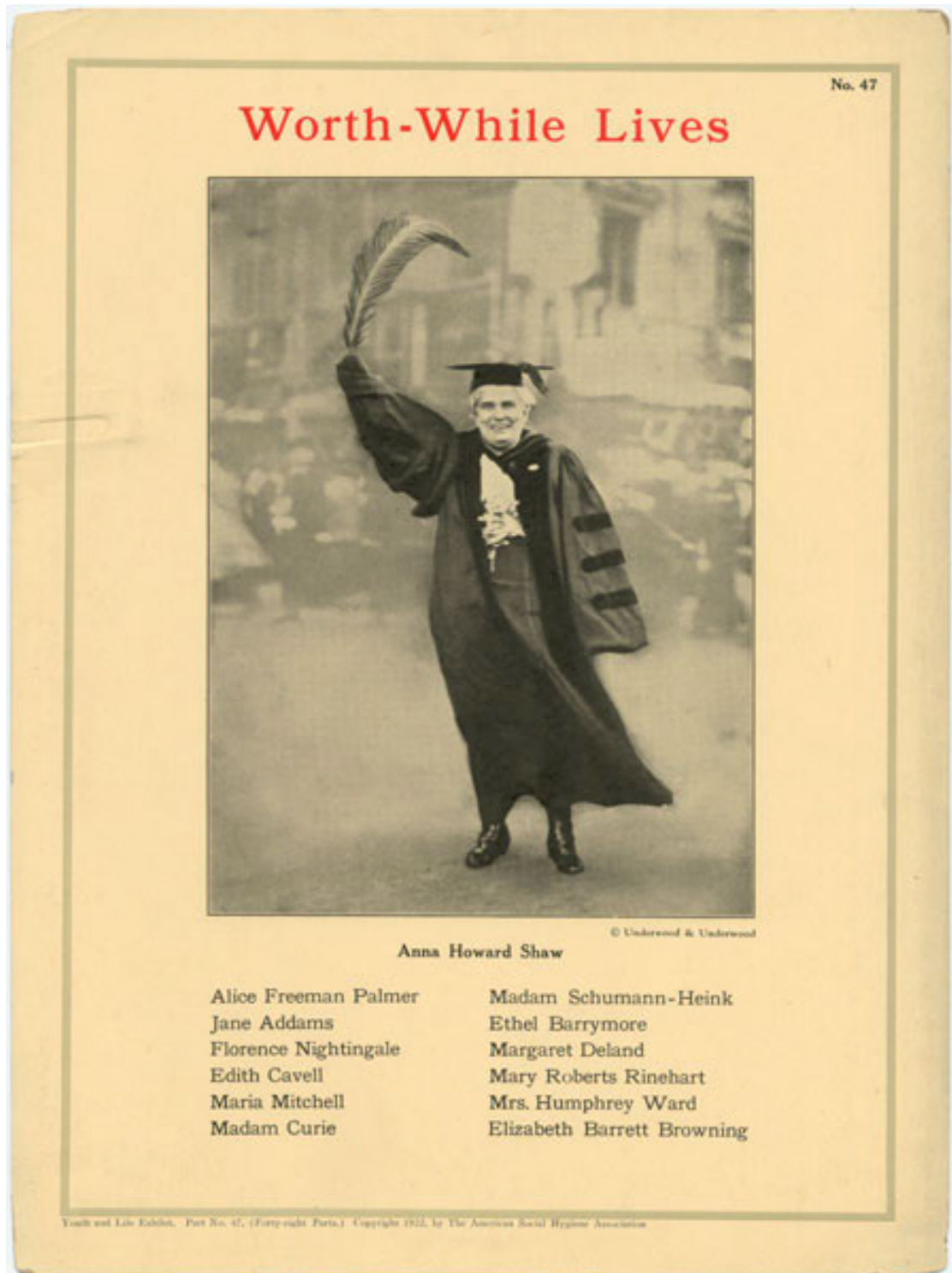


Figure 17: Worth-While Lives.

- 1) Point One: Social hygiene encompasses the social health and welfare of various communities.
- 2) Point Two: The goal of social hygiene is the development of the physical, psychical, and social well-being.
- 3) Point Three: Sex education and social hygiene are rubrics for research and teaching.
- 4) Point Four: The delivery of sex education and social hygiene includes all measures.
- 5) Point Five: The terms *sex education* and *social hygiene* should be used instead of *sex studies*.
- 6) Point Six: Sex education should be an integral part of the school curriculum.
- 7) Point Seven: Social hygiene education enhances the study of biology and vice versa.
- 8) Point Eight: People learn to control their sexual impulses through social hygiene education.
- 9) Point Nine: People learn the standard of sexual conduct and how to behave sexually through social hygiene education.
- 10) Point Ten: Sex education should help youth develop an open mind and respectful attitudes toward sex, acquire sexual and healthful knowledge, and enhance personal relationships.

- 11) Point Eleven: Problems can occur if sex education is unavailable--ill attitude toward sex, and/or uncontrolled/vulgar sexual behavior.
- 12) Point Twelve: Social hygiene education has proven beneficial with incidence of prostitution and illegitimacy down, vulgarity “out of fashion”, and more successful marriages.
- 13) Point Thirteen: Youth will learn the vulgar aspects of sex from other unreliable sources if they are not given sex education.
- 14) Point Fourteen: Sex education must be progressive and integrated with character and health education.
- 15) Point Fifteen: Sex education is not temporary education.
- 16) Point Sixteen: Biology should be used as the earliest form of sex instruction.
- 17) Point Seventeen: English literature is valuable in teaching about sex.
- 18) Point Eighteen: The normal, healthy, positive, and moral aspects of sex should be taught, not immorality or abnormality.
- 19) Point Nineteen: Social hygiene education should stress moral practices and relationships.
- 20) Point Twenty: Although sex education benefits thousands, it does not solve the problems for all people.
- 21) Point Twenty-One: Social hygiene education protects, preserves, extends, improves, and develops the nuclear family.

Although the list was extensive and focused on heterosexual relationships and sex mainly in the context of marriage, many of the points still emerge as significant and timely today. Throughout most of Bigelow's career, both as a social hygiene advocate and as a professor of biology at Columbia University, the innate differences between men and women were the focus of his speeches. "Despite his and others' advocacy of a single standard, he described men's sexual instincts as 'characteristically active, aggressive, spontaneous and automatic', and alleged 'physiological and psychological reasons' for 'masculine aggressiveness and...leadership in affairs of the heart'" (D'Emilio & Freedman, 1997, p. 207).

A major sticking point in sex education campaigns became the promotion of the use of prophylaxis (the use of chemicals to cleanse the genitals after sex in an effort to prevent venereal disease) (Parascandola, 2008). The Catholic Church's major objection to the original *Fit to Win* film was the advocating of these methods. "Conservative social hygienists believed that encouraging this method of protection would lead to an increase in promiscuity" (Parascandola, 2008, p. 72). Public health officials rarely mentioned condoms in the 1920s and 1930s as well, with sexual abstinence taking center stage in venereal disease prevention campaigns.

A lack of federal funding meant that the Public Health Service was somewhat limited in its efforts following the First World War, especially after funding from the Chamberlain-Khan Act ended. However, in 1930 a private philanthropy, the Rosenwald Fund approached the PHS about a joint study of the epidemiology and methods of treatment for syphilis among African Americans in the South (Hamowy, 2007). The

result of this partnership was the notorious syphilis experiments conducted at Tuskegee, Alabama.

The PHS, the Tuskegee Institute, and the Macon County Health Department jointly conducted the Tuskegee Syphilis Study (Jones, 1981). Begun in 1932, and not ending until 1972, “approximately 400 black sharecroppers in Macon County, Alabama were given the impression that they were being treated for syphilis, ‘bad blood’, as the PHS physicians called it, while they were given a placebo” (Hamowy, 2007, p. 30). They were denied effective treatment, deceived about procedures, and provided incentives to continue in order to study the natural course of the disease. The project, which was not initially intended to last more than a year, continued to receive approval from successive PHS administrators who deemed the research as yielding valuable information (Parascandola, 2008). President Bill Clinton issued a formal apology in 1997 for this appalling chapter in U.S. medical research. The study reflected the racialized notions of social hygiene and eugenics present at the time and perpetuated by a White middle-class majority at the helm of power in the country.

The Tuskegee experiments originated with a 1929 grant from the Julius Rosenwald Fund that enabled the PHS to conduct studies in the rural south to determine the prevalence of syphilis among Blacks and explore options for mass treatment (Jones, 1993). The PHS found Macon County to have the highest rates of those counties surveyed, and the original study concluded that mass treatments could be successful. Three years later, Dr. Taliaferro Clark, chief of the PHS Venereal Disease Division, and author of the Rosenwald report, decided that the conditions in Macon County warranted

renewed attention. Clark believed that the conditions in Tuskegee presented a unique opportunity for observation (Jones, 1993).

Clark gained the support of Surgeon General H. S. Cumming, and they viewed the study as a ready-made scenario for observation since the percentages of men with syphilis were so high, and they were previously untreated. Cumming contacted R. R. Morton, Director of the Tuskegee Institute, stating that:

The recent syphilis control demonstration carried out in Macon County, with the financial assistance of the Julius Rosenwald Fund, revealed the presence of an unusually high rate in this county and, what is more remarkable, the fact that 99 per cent of this group was entirely without previous treatment. This combination, together with the expected cooperation of your hospital, offers an unparalleled opportunity for carrying on this piece of scientific research, which probably cannot be, duplicated anywhere else in the world.

The study moved forward in September of 1932. Clark sent Dr. Raymond Vonderlehr to Tuskegee to organize a sample of men with syphilis for the experiment (Jones, 1993). Original study protocols called for syphilitic Black males between the ages of twenty-five and sixty, who would receive an initial examination and x-rays, and a spinal tap. There was never an intention of providing a treatment and the whole study was only scheduled to last six months (Jones, 1993). Soliciting subjects proved more difficult than Vonderlehr initially thought, and he resorted to giving subjects ineffective treatments. Ultimately, the strong desire for medical care kept the dropout rates very

low, and the study infamously continued as the sample continued to be readily available to the researchers.

Other sex education advocates, products of the social hygiene movement, emerged at this time as well. Leslie Weatherhead wrote *The Mastery of Sex* in 1931 and warned against squandering sexual energy, lest you have nothing left for your wife. Although he was quite conservative in his approach, he still believed in the necessity of sex education and felt that silence led to sin (Weatherhead, 1931). Max Exner's YMCA pamphlets, *The Question of Petting* (1926) and *Education for Marriage* (1933) gained popularity as well by claiming that embarrassed parents were failing their children. Gender roles were reinforced in these materials. Overall, "sex education was produced by the middle class and directed at the working class" (McLaren, 1999, p. 41). Class distinctions were certainly emerging.

The People's War, as the push for sex education was called, expanded with the creation of more programs and an ever increasing wide-array of pamphlets aimed at diverse populations. As early as 1930, President Hoover organized a planning committee to organize and underscore the importance of social hygiene education (Campos, 2002). However, many of these materials were shelved as the country lost interest in social hygiene, even as teenagers were increasingly sexually active and venereal disease continued to spread.

Dr. Thomas Parran took the reigns as Surgeon General in 1936 and insisted on bringing the issue of venereal disease back into the spotlight (Duffy, 1990). The Social Security Act was passed the same year as Parran's appointment, and established grants-

in-aid to states for venereal disease control. In December of that year, Parran called a National Conference on Venereal Work to jumpstart the drive against venereal disease (Duffy, 1990). Two years later, Parran was able to convince Congress to pass the National Venereal Disease Control Act, which allocated three million dollars in matching grants to states for the first year, and larger amounts over the next two years (Furman, n.d.).

Under Parran's leadership, the PHS continued to develop materials, including two pamphlets issued in 1937 that would be widely distributed for many years to come. *Gonorrhea: It's Cause, It's Spread, and It's Cure* and *Syphilis: It's Cause, It's Spread, and It's Cure* listed short- and long-term health issues for each disease and stressed the ease with which someone could be infected. The most significant aspect of the pamphlets was the mention of condoms as being used to protect individuals. For the first time, the Public Health Service had shifted from a strictly abstinence-only emphasis to acknowledging that people were having sex and they should be educated about it. This approach typified the type of curricula presented to children for the next three decades, which is to say, "there was little sex education in the schools in the 1920s, 1930s, and even in the 1940s" (Kirkendall & Libby, 1969, p. 8). In other words, although a great deal of effort had previously been put into educating young people in these previous decades, Kirkendall and Libby asserted that it could not necessarily be referred to as sexuality education in contrast to the new materials emerging.

While the PHS was continuing its People's War, the debate over contraception was heating up as well. In 1930, an Appeals court ruled that condoms were illegal when

distributed for contraception but could still be used for disease prevention. The case involved a patent dispute between two condom manufacturers who sued each other. The judge in the case ruled that condom production was a legitimate business, and went on to declare the laws banning the mailing of condoms were not legally sound. Manufacturers who sold condoms to “ethical” vendors, such as licensed doctors and druggists, were exempt from prosecution (Tone, 2001).

This decision meant the PHS had even more reason to focus on preventing venereal disease and steer clear of pregnancy all together (Lord, 2010). Throughout these debates, the quality of condoms was less than consistent, and governmental agencies placed little regulation for manufacturers. Not until 1937 did the Food and Drug Administration release new strict federal regulations ensuring that condoms could be trusted (Lord, 2010).

The concerns over venereal disease that had prompted the PHS to initiate many initiatives during the First World War emerged once again as the threat of war loomed at the beginning of the 1940s. The PHS doubled its efforts to combat venereal disease, incorporating the use of sulfa drugs and penicillin into its campaign. In 1940, the military, Public Health Service, and the American Social Hygiene Association (ASHA) formed a cooperative plan to combat venereal disease within the armed forces (Lord, 2010). The War Advertising Council produced numerous propaganda posters as well. However, these were met with criticism from Catholic organizations that believed that the teaching of morality was crucial to the success of sex education. This ran counter to

the beliefs of Surgeon General Parran, who believed that morality was fundamentally irrelevant to public health education (Lord, 2010).

As the war raged on and families were disrupted by the fear of venereal disease, the perception of delinquency among children and teenagers increased. This perception, however incorrect it may have been, led Americans to overwhelmingly agree that sex education should be taught in schools. By 1943, 66 percent of men and 69 percent of women were in favor of sex education in schools (Lord, 2010). The increase in public school attendance, combined with the support of military efforts of all kinds, made this an opportune time for the Public Health Service to implement educational initiatives that would reach all American adolescents. However, although support for sex education was strong, the kind of sex education that should be taught was far less clear.

The PHS responded by encouraging school districts to provide sex education for adolescents and further disseminating their materials. They facilitated the publication of *High Schools and Sex Education*, by Benjamin C. Gruenberg (1940) and encouraged districts to adopt the text. The decentralized nature of the educational system at this point, however, meant that vast differences existed between even nearby districts in these attempts. In 1944, the PHS appointed Dr. Lester Kirkendall to work directly with the Department of Education to promote sex education in schools (Lord, 2010).

Although limited in power, this still proved to be a prudent move on the part of the PHS. Ultimately, though, Kirkendall refused to provide information on condoms, and ended up encouraging sexual morality over public health education. This conflicted approach

to sex education characterized the PHS's efforts during the war and immediate post-war period.

The expansion of sex education beyond the fight to end venereal disease was slow to take hold, as the PHS and other organizations were reluctant to discuss contraception and pregnancy. Moreover, the emphasis on sexual morality continued to limit the discussion to sex within married heterosexual couples. However, the discovery of penicillin lessened the dangers of syphilis, and moral reformers and social hygienists were then able to focus more directly on the social aspects of sexuality and married life (Moran, 2008). This shift gave rise to the "family life education" found in classrooms of the 1950s, which focused on the positive aspects to be gained from a properly ordered family life, as opposed to earlier emphasized sexual prohibitions (Moran, 2008).

This public discussion shifted drastically with the work of Alfred Kinsey, as earlier described. His now famous works, *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953) ushered in a new era of sexual discussion (Melody & Peterson, 1999). For the first time, the bedroom took center stage as the American public poured over scientific data that attested to what they already privately knew. "Kinsey's works paved the way for free discussion of sexuality. Kinsey offered a new way to judge sexual behavior, and in spite of the fact that the volumes were filled with charts and dull scientific jargon, both sold well" (Melody & Peterson, 1999, p. 122). Topics such as female sexuality, same-sex sexuality, masturbation, and extramarital affairs were being openly discussed, albeit reluctantly, and not without controversy.

As the 1950s began, the same concerns with sex and sexuality continued to permeate the country. “Neither this growing acceptance of birth control nor the skyrocketing rates of teenage pregnancy and venereal disease translated into calls for better or even more sex education during the 1950s” (Lord, 2010, p. 94). Although some scholars (Irvine, 2002; Moran, 2000) have argued that sex education was rather stagnant during the 1950s, the Public Health Service and the federal government still committed a great deal of time and effort to combating venereal disease and laying the groundwork for the family-planning initiatives of the 1960s and 1970s (Lord, 2010). However, the focus on venereal disease prevention meant any discussion of contraception was virtually absent from the school curriculum.

During this period, language regarding sexuality was still evolving. Although the terms “homosexual” and “heterosexual” had been in use in the U.S. since 1897, the terms were not without their rivals. Alternate terms, such as *homophile* were also in use (Hunter et al., 1998). In fact, the period between 1950 and 1969 is sometimes referred to as the homophile period (Dynes, 1990). The term itself comes from the Greek, meaning, “loving the same”, and was seen as broader in scope than “homosexual” (Dynes, 1990). After the Stonewall Inn riots in 1969, activists, mostly young, rejected the term as not fitting the times.

Just as the opportunities to act on same-sex feelings expanded, so too did the push to flush out these “deviant” behaviors and regulate them. The Supreme Court, in *Roth v. United States* (1957), allowed states and the federal government to restrict anything defined as “obscene” (Warner, 1999). This word itself was a term designed to

shame dissenters into silence. More specifically and applicable to our own setting, the state of Virginia, in 1950, enacted a law that makes it a crime for any persons “to lewdly and lasciviously associate and cohabit together” (Warner, 1999). Although this law is rarely enforced, its implications are real as custody cases, employment cases, and criminal sentencing have all been impacted by the law (Warner, 1999).

Before *Roth v. United States* was decided, the crusade of Senator Joseph McCarthy had been in full swing. Although generally associated with the hunt for Communists, this political crusade also targeted same-sex individuals with equal vigor. A State Department official went as far as to testify before Congress that several dozen employees had been dismissed because of homosexual activity (D’Emilio & Freedman, 1998). Many others in Congress then took that statement as fuel to accuse the Executive Branch of being “infiltrated” by homosexuals as the Truman administration stood by and did nothing (D’Emilio & Freedman, 1998). Morality became the subject of considerable investigation as the nuclear family was emphasized. Deviation from this norm in any way, let alone through same-sex relationships, was fundamentally wrong.

Then, with the inauguration of President Eisenhower, the repression was in full swing. An executive order went out barring all gay men and lesbians from all federal jobs, and the hunt was on (D’Emilio & Freedman, 1998). This served as a cue for law enforcement agencies to begin a campaign of harassment that continued for many years, and still does in some respects.

As the 1950s concluded, sex education increasingly focused on family life and personal health, as schools took a more holistic approach. Ultimately, sex education had

moved from its roots in advocating a standard of sexual behavior and preventing venereal disease (Luker, 2006). It had expanded to be “part preparation for marriage, part an attempt to discourage premarital sex, and part training for responsible parenthood” (Luker, 2006, p. 60). Advocates within the social hygiene movement hailed this family life education as a remedy for divorce, masturbation, lack of self-control in sexual and financial life, sexual maladjustment, delinquency, and crime (Luker, 2006). It had become the cure for all that ailed society, and the path to a better community. That would all change in the following decades.

During the 1960s, the “sexual revolution” as it came to be called as well as the development of the birth control pill, facilitated the beginning of the current sexuality education discussion. The increased presence of the pill was part of broader efforts to dismantle contraceptive bans still in place around the country as a result of the Comstock laws. These efforts came to a head in the landmark 1965 *Griswold v. Connecticut* Supreme Court ruling. In this case, Estelle Griswold, executive director of the Planned Parenthood League of Connecticut, along with C. Lee Buxton, chair of the Department of Obstetrics at the Yale University School of Medicine, challenged the constitutionality of the law (Tone, 2001). The court declared the law unconstitutional, and stated that married couples had a constitutional right to privacy under the Bill of Rights, including the right to privacy in the bedroom. Seven years later, the court extended this right to privacy to unmarried couples in *Eisenstadt v. Baird* (Tone, 2001).

The beginning of the attacks on sexuality education took the form of advocating for completely barring the programs. By and large, sexuality education programs still

flourished in public schools as growing evidence demonstrated that such programs did not in fact promote sex, but did assist in delaying sexual activity and lowering teen birth rates, as well as reducing instances of STIs (Pardini, 2002)

The combination of family life education and perceived (and narrowly defined) family values meant, “going into the 1960s, the fruitful and multiplying married couple was the order of the day” (Luker, 2006, p. 69). However, the social unrest in the U.S. resulting continuing the Civil Rights movement, as well as the Gay Rights Movement and the Women’s Movement, all in the context of what many people and progressive organizations considered as the United States government’s unjustified and illegal incursion into Southeast Asia, meant discussions about sexuality, pregnancy, contraception, and abortion were being had amidst an unsettled cultural climate. It was in this climate that the birth control pill entered the market in 1960. At the same time, abortions were still mostly illegal. “So, the sexual revolution took place in an atmosphere in which many young people were both critical of established authority and suspicious of the motives of people who wanted to enforce traditional values” (p. 69).

The sexual revolution represented the first time in almost 60 years that ideas about sexuality and gender were being questioned, as were power relations between men and women (Luker, 2006). It was in this light that Dr. Mary Calderone cofounded the Sex Information and Education Council of the United States (SIECUS) in 1964. SIECUS represents the only single-issue, national advocacy group dedicated to promoting comprehensive sexuality education. “SIECUS was a study in contrasts. It represented both consistency with, and discontinuity from, an earlier tradition of highly moralistic,

social hygiene education” (Irvine, 2002, p. 17). Activists both stressed sexual abstinence and challenged traditional sexual restrictions. Backlash over this commitment to the sexual rights of young people soon ensued. “SIECUS, an essentially moderate group of educational advocates, nevertheless came to symbolize radical transgression among religious conservatives who were just reawakening politically” (Irvine, 2002, p. 18).

These drastic cultural changes were in sharp contrast to the state of sex education in America’s schools by the early 1960s. As Moran (2000) stated, sex education by this time was virtually moribund. This was in large part due to ASHA (American Social Health Association) focusing on family life education, a carry-over from the 1950s that de-emphasized the earlier focus on sex and venereal disease. Calderone’s own past work as a physician in the Great Neck, New York public schools meant SIECUS saw schools as having a duty to help young people find fulfillment in their human relations without moral absolutes.

The increase in resources and discussion meant the sexual revolution was becoming locally relevant to more and more communities as questions about addressing disease and pregnancy increased. Several Supreme Court cases, such as *Roth v. United States* in 1957, which legally separated sexual explicitness and obscenity, and *Memoirs vs. Massachusetts* in 1966, which ruled that material must be “utterly without redeeming social value” to warrant a definition of obscenity, meant that more and more sex education materials were becoming available. This opened the door not only for new school curricula, but for print and television media to expand the themes of their programming to include content that had once been forbidden. Young people were

gaining increasingly significant access to sexual material, and parents were calling for more education in the schools. These calls ushered in a new wave of local school controversies as districts had more control over curricular choices.

One highly public controversy took place in Anaheim, California. Beginning in 1962, a formal program of family life sex education began in Anaheim, as the school board sought to unify the instruction being provided by nurses and physical education staff. “The first controversy over sex education occurred in 1962, when some Anaheim parents complained about a film, shown by a coach, which discussed masturbation, one of the more sensitive topics in sex education”(Hottois & Milner, 1975, p. 73). As was the common procedure at the time, the instruction was halted and a committee of community and civic leaders was formed to explore the question of sex education. It was found that there was overwhelming support from the community, and the program continued and actually developed into a national model for sex education at the time. Support from various pro-sex education organizations, such as SIECUS, encouraged the continued development of the program.

In 1968, James Townsend, a leader of the California Citizens’ Committee, publically demanded at an open board meeting that the authorities look into the sex education program. This marked the effective beginning of the controversy. Townsend and his followers were allowed to present their case openly, and were given ample time to construct a very persuasive argument. Unfortunately, instead of taking the information under advisement, investigating, and issuing a report, the board members in support of sex education went on the defensive. They argued with opponents and became too

personally involved in the debate, instead of simply letting the program be reviewed.

“Hence, their success in building a sex education program and the national recognition they had received seemed to force them into partisan roles and made them give up the public relations strategy that had served their interests in 1962”(Hottois & Milner, 1975, p.77).

Additionally, in 1968, “Paul Cook, who had watched the district grow from its postwar infancy, had resigned as superintendent, and the sex education program was virtually abolished” (Hottois & Milner, 1975, p.74). Although programs in other cities around the country, such as areas of Texas and in Chicago, had experienced controversy as well, the debate was amplified in Anaheim. This was due in large part to the combination of a model program and a largely right-wing political population. Additionally, allowing extremist conservative Christian groups to participate fueled the fire. “The inclusion of these extremist groups into the sex education debate caused attention to be taken away from both legitimate opposition as well as the benefits of the program”(Paige C., 2009, p.1). The Christian Crusade’s widely distributed 1968 pamphlet, *Is the School House the Proper Place to Teach Raw Sex?* served as a prime example not only of the battle against Calderone, but of the moral fight against sexuality education as a whole (see figure 18).

Although *School House* was only 40 pages long, it passionately railed against the “rawness” and obscenity of sex education. Further, the “little red school house” pamphlet focused on the efforts of Mary Calderone and SIECUS, and referred to “the SEICUS SEXPOT” and the “revolutionary gospel” being taught. The pamphlet sold over

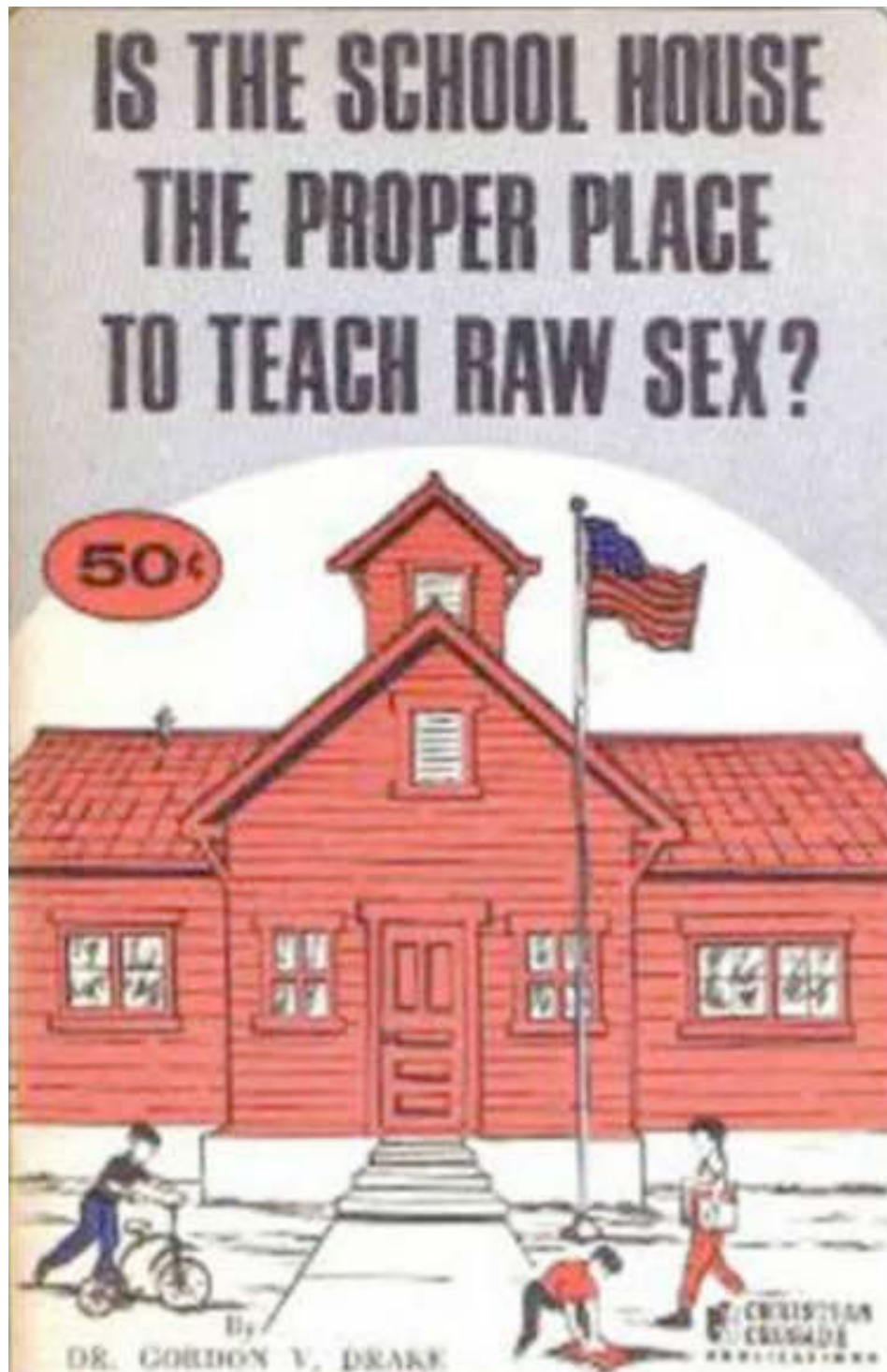


Figure 18: Gordon Drake and James Hargis framed sexuality education as communist indoctrination in this 1968 pamphlet.

one million copies, and was the most widely circulated critique of sex education during the sixties (Irvine, 2002). Drake further hinted at a secret communist agenda, warning that if “the new morality is affirmed, our children will become easy targets for Marxism and other amoral, nihilistic philosophies- as well as V.D.!” (Drake, 1968) The infiltration of communism was a common theme in early debates, and played on fears that “sex education, combined with rock music, pornography, and sensitivity training, would arouse carnal desires in children who would then devote themselves to the mindless pursuit of sex” (Irvine, 2002, p. 52).

Like many community conflicts, the debate over sex education in Anaheim involved policy objections and leadership concerns. “The policy issues in the Anaheim controversy revolved around the fundamentalist, conservative ideology of the opponents”(Hottois & Milner, 1975, p. 75). Ultimately, they viewed sex education as in opposition to the conservative ideology of the purpose of education. “They seemed to sense that sex education was related to an approach centered on a rationalist morality of consequences”(p.75). This was in contradiction with their absolutist approach, and threatened their notions of morality. Proponents, such as Paul Cook, and Dr. Mary Calderon, Director of SIECUS held this same basic ideology. However, as Hottois and Milner (1975) point out, they failed to grasp the reality that sex education, by its very nature, raised moral issues.

The Anaheim conflict served as a marker of things to come. The debates over sex education became a battleground between groups such as SIECUS and the emerging reiteration of the conservative movement. Many politicians, scholars, and religious

leaders staked their careers on this culture war. Sex was talked about much more openly, as the decade came to a close. Right-wing groups like the John Birch Society and the Christian Crusade fought tirelessly against many new developments, such as the Civil Rights Act, and the government's banning of school prayer. They also laid the groundwork for even stronger objections to sexuality education. In effect, "the birth of SIECUS was to the sixties what *Roe v. Wade* was to the seventies: a symbol of change amid deep resistance. SIECUS made visible an increasingly sexualized society at a moment in which a new right-wing movement was gathering steam" (Irvine, 2002, p. 34).

Despite the growing controversies, the actual sex education most students received was far from radical. Many groups had circulated guidelines for comprehensive K-12 programs, with the earliest grades stressing "the simplest instruction about privacy hygiene, and respect for the body" (Irvine, 2002, p. 38). In March 1966, the Board of Directors of the American Association for Health, Physical Education, and Recreation passed a resolution urging the inclusion of sex education as a part of the health education curriculum (Somerville, 1971). Students in high school might discuss dating, marriage, and premarital intercourse, and some schools did broach the topics of masturbation, birth control, and homosexuality (Irvine, 2002). However, these curricula still stressed the importance of morals and values related to sex and sexuality. Additionally, the decisions regarding these curricula were left largely to the local school districts, as the federal government had little influence over such choices (Somerville, 1971).

By 1970, sex education was the focus of continuous attack from organizations such as the Christian Crusade and the John Birch Society. “Many of these organizations believed that sex education was a communist plot to destroy the American moral fiber. They believed that sex education was illegal, unconstitutional, anti-Christian, and anti-God” (Campos, 2002, p. 91). Groups such as MOMS (Mothers Organized for Moral Stability), PAUSE (Parents Against Unconstitutional Sex Education), POSSE (Parents Opposed to Sex and Sensitivity Education), POSE (Parents Opposed to Sex Education), ACRE (Associated Citizens for Responsible Education), and CHIDE (Committee to Halt Indoctrination and Demoralization in Education) all spoke out against sex education.

Interestingly, the Bible was also used to defend sex education during this time. Young (1970) believed that the Bible implied that sex was good. Old Testament verses, such as “You are stately as a palm tree, and your breasts are like its clusters. I say I will climb the palm tree and lay hold of its branches”, were used to attest to this fact. Young focused on his belief that “God never intended sex to be merely a one-shot physical act but instead a union of two whole spirits. Essentially, sex education, if implemented correctly, would prepare youth to make this union work” (Campos, 2002, pp. 91-92).

Numerous studies examined the publics’ views on sex education, as well as the sexual decision making of youth (Bjork, 1972; Cook, 1972; Finkel and Finkel, 1975; Gebhard, 1977; Holcomb, Garner, and Beaty, 1970; Kleinerman et al., 1971; Levin et al., 1972; Libby, Acock, and Payne, 1974; Riechelt and Werley, 1975; Thornburg, 1972). Mahoney (1979) investigated the characteristics of supporters and non-supporters of sex education and found that the differences were centered on beliefs about family,

women, and premarital sex. Those who opposed sex education typically held more traditional views of the family. Social class, attitude toward education, and political affiliation did not have a significant impact on attitude toward sex education (Campos, 2002).

While the emerging sex education controversies were taking shape, notions of sexuality as a whole were also shifting. As the gay movement gained more notice, the media was quick to move in as well. “The collapse in the 1960s of strictures against the portrayal of sexual matters gave the media license to turn its attention to homosexuality” (D’Emilio & Freedman, p.319, 1998). Although much of the attention by the media was negative, it also serves as a means of informing the public more thoroughly about gay culture.

The repression and harassment that ensued within the gay and lesbian community reached a breaking point in 1969. Up until this point, raids of gay bars had become commonplace in cities across the United States. So, on Friday, June 27, 1969, as a group of New York police officers got set to close the Stonewall Inn, a gay bar in the heart of Greenwich Village, they saw their task as routine. However, those in the bar refused to leave quietly, and a riot ensued. The bar was set on fire and crowds of angry homosexuals fought police all evening (D’Emilio & Freedman, 1998). When the smoke cleared the next day, “Gay Power” was written in graffiti all over the area, and the Gay Liberation movement had begun.

In the wake of the 1969 Stonewall riots in New York City, activists not only dismissed the term “homophile,” as previously mentioned, but, in particular, they resisted the term “homosexual” as a result of previous negative connotations and

stereotypes, and also because the term implied only one aspect of their lives: the sexual (American Psychological Association, 1991; Cruikshank, 1992; Gonsiorek & Weinrich, 1991; Herek, 1991). The term *gay* began to overtake *homosexual* in this period (Herdt & Boxer, 1992). Although its exact origins are unknown, it has been in use in the U.S. since the 1920s (Dynes, 1990b). It became increasingly common in the 1970s and was a standard by the 1980s in lesbian and gay culture (Herdt & Boxer, 1992).

Since the Stonewall riots, the Gay Liberation movement has addressed many issues and encountered a great deal of opposition. However, the movement has given the idea of same-sex sexuality increased credibility and public support. Many individuals have worked to provide equal rights for same-sex individuals in every aspect of society, and have made great progress. As D’Emilio stated, “in 1973 the American Psychological Association got rid of ‘sickness.’ In 2003, the U.S. Supreme Court got rid of ‘crime.’ But ‘sin’ still hasn’t been gotten rid of” (Waller, 2004). The Supreme Court case he refers to is *Texas v. Lawrence*, which struck down a 1986 ruling, making state anti-sodomy statutes unconstitutional. On the religious front, there has been no comparable statement or decision. The last hurdle to cross is truly the idea of homosexuality as a sin.

According to D’Emilio, the historical research that could help counter the conception of homosexuality, as “sin” is especially needed today, when controversies over same-sex marriage are roiling the United States. “Marriage is a moment when we are blessed and declared to be holy,” he said, “and we are fighting to be declared holy and without sin. That’s the symbolic fight. If we were to begin doing serious history of homosexuality and religion in the U.S.—especially if that history were the story of

struggle—we would implicitly be challenging oppressive notions of timelessness.” It’s those notions of timelessness, D’Emilio indicated, that lie at the core of arguments against same-sex marriage (Waller, 2004).

The 1970s was also an important decade for comprehensive sex education. Not only did youthful sexual autonomy become more and more common on the streets and in the schools, but in the courts as well. “Following *Roe v. Wade* (1973), liberals and feminists won a steady series of court cases guaranteeing poor and teenage women’s rights to birth control information and services, and Washington and the states responded by providing major programs to provide them” (Levine, 2002, p. 96). The Supreme Court ruled in *Carey v. Population Services International* (1977) that teens had a privacy right to purchase birth control. Additionally, Congress singled out teens in need of contraception when it reauthorized the Public Health Services Act in 1977 and 1979. This followed earlier Supreme Court cases, such as *Tinker v. Des Moines Independent School District* (1969), which served as a crucial freedom of speech case for the nation’s schools.

In many ways, the 1970s served as a sexual nexus as the Gay Rights, Feminist, and sex education movements converged. The feminist victory in *Roe v. Wade* paved the way for more widespread advocacy with regard to the role of women in higher education, media presence, employment, and the questioning of gender roles, family relationships, heterosexuality, and violence against women by feminists. The second wave of feminism gave birth to a myriad of varying feminist beliefs, from radical to socialist to multicultural. Each group of scholars and activists approached the role of

women in society from a different perspective and offered something different to our understanding of sexuality and gender roles. These beliefs helped shape future feminist theory and scholarship, and also the direction of sexuality education.

As we entered the 1980s, we saw drastic changes, which would forever affect the course of sexuality education. Teen sexual activity dramatically increased. In 1970, the National Center for Health and Statistics reported that 29% of 15 to 19 year old women had had intercourse, and that number rose to 47% by 1982 (Ashbee, 2007). In addition, the 1980s witnessed the beginning of the HIV/AIDS epidemic and steady increases in the spread of infection (Luker, 2006). These increases raised the attention of public schools and to more vigorous sex education efforts. Schools provided more information with the assumption that better-informed teenagers would make better-informed decisions (Luker, 2006).

As of 1980, only three states (Kentucky, New Jersey, and Maryland) and the District of Columbia had mandated sex education in the public schools, while six other states (Delaware, Iowa, Kansas, Minnesota, Pennsylvania, and Utah) officially encouraged their schools to offer some form of family life and sex education (School Sex Ed, 1980; Sears, 1992). The continued emphasis on local control of schools acted as a barrier to more extensive sex education mandates, despite the perceived need.

The U.S. Office of Population Affairs became the major driving force behind abstinence-only education in 1981 when it began administering the Adolescent Family Life Act (AFLA). AFLA marked the federal government's first significant involvement in sex education policy. This piece of legislation, sponsored by two conservative

Republican senators, Orrin Hatch and Jeremiah Denton, was a reaction to Edward Kennedy's 1978 legislation, the Title X family planning program, which expanded comprehensive sex education and contraceptive services (Levine, 2002; Luker, 2006).

This legislation was in large part a reaction to rising rates of teen pregnancy. However, the idea that teen pregnancy rates were universally rising was a myth (Levine, 2002). The fear of this rise began with a 1976 report from the Alan Guttmacher Institute that announced an epidemic of teen pregnancy. In reality, "unwanted pregnancy, for the most part, was not happening to the daughter of demographers, doctors, and Washington bureaucrats. Now, as then, more than 80 percent of America's teen mothers come from poor households" (Levine, 2002, p. 96). Even among those women, there was no real epidemic, as teen pregnancies numbered less than a million a year, a majority of mothers being of legal age (Levine, 2002). Nonetheless, this discussion caused public anxiety about teenage girls' uncontrolled sex lives. This served the politic needs of both conservatives and liberals (Levine, 2002).

AFLA was designed to send more money towards "pro-family" organizations, and ushered in "abstinence education" onto the national scene. It was quietly pushed through committee, without hearings in either house of Congress, and became Title XX of the Public Health Service Act. In its original form, AFLA specified that at least two-thirds of funds be spent on "care" that included services for pregnant and parenting teenagers, whereas no more than one-third of funds were approved for expenditure on "prevention" or education efforts to prevent teen pregnancy (Advocates for Youth, 2007).

The “chastity” bill set the stage for increased funding for abstinence education, which would receive continued support through further legislation in years to come. AFLA provided funds for public and nonprofit organizations whose goal was to discourage premarital sexual activity among adolescents, as well as lower teen pregnancy rates. Grant recipients in the program were required to involve religious organizations and funding for any group providing abortion-related services was prohibited (de Coste, 2011). This created a policy barrier to federal funding for many hospitals and family planning clinics (Donovan, 1984).

What had been initiated as a crusade against teen pregnancy ended up as a campaign to address the perceived problem of adolescent sex altogether. In Denton’s committee report on AFLA in 1981, he declared that “the government should address the ‘needs of pregnant adolescents’ and proposed a prescription that the entire family-planning profession could applaud: *more prevention*” (Levine, 2002, p. 99, emphasis in original). The idea was to prevent teen pregnancy, unwed motherhood, and abortion at the same time by preventing teen sex. He claimed that the social policies of the 1970s had made this step possible in order to reclaim the “family”.

The notion of the “family” was connected to the shift in sexuality education terminology to the use of “family planning”, which had long been used as a euphemism for contraception (Levine, 2002). “To family planners, prevention had meant the prevention of unplanned pregnancy. Now prevention was the prevention of sex, and it would be accomplished not by the Pill but by diatribe and ideology” (Levine, 2002, p. 100). “Family” also came to be code for the heterosexual family unit within the context

of marriage, harkening back to the 1950s myth of the nuclear family. This approach left little room for discussion of sexual and gender identity, in addition to eliminating discussions of safer sex altogether.

Although the goals emphasized in the legislation focused on abstinence-only education, local school districts consistently recognized the value in more comprehensive education programs (Ashbee, 2007). Sonnenstein and Pitt (1984) found that in school districts with a population larger than 100,000, 94% of responding districts taught sex education with the ultimate goal being that “youth would acquire decision-making skills when it came to sex” (Campos, 2002). Additional surveys found support for comprehensive sex education on the part of teachers, as well as the public, and evidence continued to indicate that more information did not increase pregnancy rates or the contraction of diseases (Campos, 2002).

The passing of the Adolescent Family Life Act coincided with the election of Ronald Reagan as president, and the nomination of C. Everett Koop as surgeon general. Although not historically seen as a religious conservative, Reagan sought to win over the newly emerging religious right and did so in part with the nomination of Koop. “Koop was an evangelical Christian, having been born again at the age of thirty-two. Koop was frank about his beliefs, admitting, ‘I attempted to evaluate everything in terms of scripture’” (Koop, 1981, p. 87 as cited in Lord, 2010). He even viewed his own practice of medicine from the perspective of his Christianity” (Lord, 2010, p. 145). However, Koop also insisted on the importance of distinguishing his role as a physician from that of his Christianity.

Koop's frankness and directness in speaking on a wide variety of issues made him an instant celebrity and served to bring the debate over sex education to the forefront of American discourse (Lord, 2010). He understood the power he had and displayed no reluctance in speaking about sex education, no matter how controversial it seemed. "With his Captain Ahab beard, his insistence on wearing the uniform of the Service, and his eagerness to speaking in any available forum, Koop was easily and instantly recognizable" (Lord, 2010, p. 146).

Despite his public persona, the most pressing public health and sex education concern facing the nation was largely ignored. "The Public Health Service had been astonishingly slow to deal with the AIDS crisis" (Lord, 2010, p. 148). The federal government had underestimated funding for AIDS, and Koop himself had been discouraged from discussing the disease publicly due in large part to the stigma attached to it. Koop did finally break his silence in 1985 by giving an interview in an evangelical journal, *Christianity Today*. Shortly thereafter, he released a report on AIDS. In sharp contrast to earlier PHS reports, Koop kept the report on AIDS short and concise. He used easily accessible, detailed, and explicit language. He addressed the myriad of myths surrounding the contraction of AIDS, and emphasized that it was everyone's concern (Lord, 2010). It was released widely, and garnered a great deal of attention, both positive and negative. The American discourse on sex education had discernibly shifted, even though President Reagan, under whose watch the HIV/AIDS crisis had emerged, failed to discuss publicly the topic of HIV/AIDS until 1987, over 6 years into his presidency, to a group of physicians in Philadelphia.

In 1986, U.S. Surgeon General C. Everett Koop issued a report, which called for comprehensive sexuality and HIV/AIDS education in all public schools. Amidst the rising concerns about HIV/AIDS and calls for education to prevent transmission of the virus, “abstinence-only education” was born as an alternative curricular approach. This then became the major curricular focus as sexuality education took on a skill development approach vs. facts and decision-making. In a broad sense, the intention shifted towards helping students develop the skills necessary to remain abstinent until (heterosexual) marriage, as opposed to providing them with all relevant facts regarding sexuality and teaching them how to make responsible and healthy decisions on their own.

While Koop’s voice and impact was spreading throughout the early and mid-1980’s, the trajectory of the Adolescent Family life Act was being established. The American Civil Liberties Union (ACLU), along with a group of clergy, filed suit against the federal government in 1983, claiming that the AFLA violated the Establishment Clause of the United States Constitution “by endorsing a particular religious point of view largely benefiting religious groups” (Oster, 2008, p. 128). It was ruled unconstitutional by a U.S. district court judge in 1985, but the Supreme Court reversed the decision in 1988. The Department of Civil Justice and the Center for Reproductive Law and Policy reached an out-of-court settlement in 1993. The settlement stated that AFLA programs could only fund sex education programs that were “medically accurate, did not include religious references, respected adolescents’ right of self-determination regarding contraceptive referrals, and did not utilize churches for their programs” (Oster,

2008, p. 128). Ultimately, the AFLA subsidized the development of curricula that became central to the promotion of abstinence-only education in schools (Landry, Kaeser, & Richards, 1999).

Within this conservative context, members of lesbian, gay, bisexual, and transgender (LGBT) communities along with their heterosexual and cisgender (traditionally gendered) allies developed public education campaigns teaching safer sex methods while creating an effective network of health centers to meet the educational and medical needs within the exploding HIV/AIDS pandemic to people of *all* sexual identities and gender expressions. Ironically, LGBT people taught people ways to have safer sex, including young people whose government and society abandoned them.

By the time the 1990s rolled around, there was broad support for teaching sexuality education in the schools (Louis Harris & Associates, 1988). Whereas only three states required sexuality education ten years earlier (Sears, 1992), 23 states had adopted sexuality education requirements and 23 others recommended it (DeMauro, 1990). However, by this time, researchers were beginning to question the equitable distribution of sexuality education between school districts based on social class, among other variables (Firestone et al., 1994). Additionally, of the 23 states requiring sex education, less than half included lessons on contraception, and all mandated instruction on abstinence (Levine, 2002).

Once AFLA left the courts, efforts to further restrict funding of sex education programs continued. In 1994, Representative John Doolittle (D-CA) introduced an amendment to the Elementary and Secondary Education Act that would restrict the

content of sexuality and HIV education in schools. However, statutes preventing the federal government from establishing state and local curriculum standards made the amendment unworkable, by overstepping the power of the federal government in local educational matters (Perrin & DeJoy, 2003).

Following AFLA, the next major policy change with regard to sex education came in the passage of welfare reform legislation in 1996. President Clinton signed the Social Security Act of 1998, the Personal Responsibility and Work Opportunity Reconciliation Act, into law, which contained a provision for funding abstinence-only sex education programs. Title V, which dealt with sex education, was added by members of Congress to the legislation at the last minute in an attempt to get the bill passed. Congressional staff members Ron Haskins and Carol Statuto Bevan were instrumental in drafting the Title V language, which stipulates that the federal government provides states that are granted funding \$50 million over 5 years, and requires states match 75% of the funds. States must stress abstinence only until marriage, covering eight specific aspects of the topic (Perrin & DeJoy, 2003). Much of the abstinence-only education that emerged from the 1996 Welfare Reform Act was directly moralist and explicitly supported traditional gender and sexual relations, much like the early years of sexuality education and its emphasis on the dangers of sexual activity (Moran, 2008). This was in line with the intent of the language, which was intended to align Congress with the social tradition...that sex should be confined to married couples (Haskins & Statuto Bevan, 1997).

Title V went to great lengths to define abstinence-only education in an attempt to control more directly where federal funding was directed. The result was a legislative definition that specifically defined what sexual activity was not, but failed to provide any clear definition of what sexual activity was (de Coste, 2011). The definition of abstinence-only education read as:

Abstinence education is defined in the law as an educational or motivational program which has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity; teaches abstinence from sexual activity outside marriage as the expected standards for all school age children; teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems; teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity; teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects; teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society; teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and teaches the importance of attaining self-sufficiency before engaging in sexual activity. (United States Department of Health and Human Services, 1998, Section 510.b.2)

The federal Maternal and Child Health Bureau at the Department of Human Services administer funds for Title V, Section 510 of the Social Security Act. Unlike Title XX programs, there was a specific abstinence until marriage only standard established in Title V. As such, “Abstinence education” means an educational or motivational program which:

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the content of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity. (House of Representatives, 2002)

Although it was not a requirement that equal emphasis be placed on each element, a project must not be inconsistent with any aspect of the abstinence education definition (Perrin & DeJoy, 2003). In addition, schools receiving funding were forbidden from teaching about contraceptive methods, except to emphasize failure rates (Santelli et al., 2006). In 1997, Congress went one step further in authorizing an increase in abstinence-only education by waiving the two-thirds/one-third funding provision in AFLA. They also authorized former “prevention” funds be allocated to abstinence programs that complied with the eight-point definition (Advocates for Youth, 2007).

These congressional decisions resulted in increases in the number of abstinence-only sexuality education programs being implemented throughout the country (Santelli et al., 2006). The criteria outlined by Congress make it clear that abstinence-only education is about more than teaching biology. More than simply discussing reproduction, these programs also convey a morality that defines the scope of intimate partnerships and sexual relationships.

By 1999, over two-thirds of all U.S. school districts had a policy to teach sexuality education (Landry, Kaeser, & Richards, 1999). In addition, for the first five years of Title V, every state but California participated in the program (SIECUS, 2004).

However, midwestern school districts were the most likely to leave decisions up to individual schools or teachers (Landry et al., 1999). For some, this aspect was not strict enough, and further legislation was proposed in 2000 to set aside an additional \$20 million in direct funding for programing that met all eight elements. This funding was later doubled (SIECUS & Advocates for Youth, 2001).

During this period, there were significant problems with medical accuracy, with research showing that abstinence-only curriculums were presenting medically inaccurate information about condoms and contraception (Oster, 2008). Curricula were shown to provide false information, such as simply “touching another person’s genitals can result in pregnancy” and tears can cause HIV transmission ((Committee on Government Reform- Minority Staff, Special Investigations Unit, 2004). A separate curriculum document went as far as to state that sterility increases significantly for women who have abortions (Committee on Government Reform- Minority Staff, Special Investigations Unit, 2004).

These inaccuracies followed a trend begun with the misdirection of the teen pregnancy epidemic 25 years earlier. In addition, various medical organizations released statements objecting to the focus on abstinence-only education (American Public Health Association, 2006; American School Health Association, 2002). For example, in 1997, the Consensus Panel on AIDS of the National Institutes of Health declared that the “abstinence-only” approach “places policy in direct conflict with science because it ignores overwhelming evidence that other programs are effective” in delaying the onset of sexual intercourse among adolescents and in reducing their number of partners and

increasing their condom use, if they are already sexually active (NIH Consensus Statement, 1997). Further comprehensive reviews of abstinence-only programs failed to demonstrate a positive result (Florida State University School of Social Work, 2004; Hauser, 2004; Kirby, 1997; 2001; 2002; Manlove, Paillio, and Ikramullah, 2004). Alternatively, numerous studies emerged which indicated that comprehensive sexuality education programs were effective in these same areas (Eng and Butler, 1997; Hoff et al., 2000; Kirby, 2001; 2002; 2008; Manlove, Paillio, and Ikramullah, 2004; Starkman and Rajani, 2002).

In response, 21 states have recently implemented some kind of medical or scientific accuracy statute pertaining to sexuality and/or HIV/AIDS education (Santelli, 2008), and as of October 2008, 24 states have declined to participate in Title V (Freking, 2008). Many of these statutes, however, fail to define “medical accuracy”. Twelve states, including Iowa, do define this term and also add “weight of research” as an important qualifier (Guttmacher Institute, 2013). California, Colorado, Hawaii, Maine, Michigan, New Jersey, North Carolina, Oregon, Rhode Island, Utah, and Washington all join Iowa. Despite these legislative steps, scholars, educators, and others have called for a more detailed definition of medical accuracy that prevents programs from avoiding the inclusion of various components (Santelli, 2008). Santelli (2008) suggests the following statement as a definition of medically accurate information.

Information relevant to informed decision-making based on the weight of scientific evidence, consistent with generally recognized scientific theory, conducted under accepted scientific methods, published in peer-reviewed

journals, and recognized as accurate, objective, and complete by mainstream professional organizations such as AMA, ACOG, APHA, and AAP; government agencies such as CDC, FDA, and NIH; and scientific advisory groups such as the Institute of Medicine and the Advisory Committee on Immunization Practices. The deliberate withholding of information that is needed to protect life and health (and therefore relevant to informed decision-making) should be considered medically inaccurate. (p. 1791)

The most recent major piece of legislation to impact sex education policy was the Special Projects of Regional and National Significance--Community-Based Abstinence Education (SPRANS-CBAE), which continued to direct more specific funds towards abstinence-only Education. This law, passed by Congress in 2000, does not require states to match funds, and allows for funds to go directly to schools or public and private organizations (Oster, 2008). Until 2008, a vast majority of abstinence-only funding came from SPRANS-CBAE.

Although the *No Child Left Behind (NCLB)* Act, which took effect in 2002, was geared towards comprehensive educational policy reform, it also had a substantial impact on sexuality education. Although sexuality education curricula are not measured by NCLB as a part of Annual Yearly Progress (AYP), NCLB funding was tied, in part, to the continuation of abstinence-only education (United States Department of Education, 2002, section 9525). “Therefore, a conundrum arises--schools are not measured on AYP in sexuality education but if they wish to utilize NCLB funding for

any reason (not just sexuality education), they must follow these guidelines” (de Coste, 2011, p. 6).

Numerous studies have demonstrated a decline in comprehensive sexuality education as new legislation has been introduced and policy implemented. This decline has been despite multiple studies indicating that most adolescents and parents believe abstinence, as well as birth control and other issues pertaining to sexuality should be provided (National Campaign to Prevent Teen Pregnancy, 2003). Darroch, Landry, and Singh (2000) observed a significant increase in the percentage of educators providing only abstinence education between 1988 and 1998. During this period, they also noted declines in broader instruction related to sexual orientation, abortion, birth control access, and STI services. Lindberg, Santelli, and Singh (2006) noted similar trends between 1995 and 2002, especially finding declines in instruction about birth control methods.

Evaluation of abstinence-only programs has been somewhat limited, despite claims of success in altering adolescent sexual activity, teen pregnancy, and STI contract. However, in 2007, an evaluation was released that looked at Title V funded programs (Trenholm et al., 2007). This report was commissioned by Congress in 1998, the year the Title V grant provision took effect, and was authorized as a “rigorous, experimentally based impact evaluation of Title V, Section 510 abstinence education programs” (Trenholm et al., 2008, p. 255). Four widely-used and cited programs were analyzed rigorously over a nine year period, and revealed no statistically significant impacts on rates of sexual abstinence, number of sexual partners, age at first sexual

intercourse, rates of unprotected sex, rates of pregnancy and childbirth, or STI acquisition (Trenholm et al., 2007). Although most states had initially applied for funding through this program, the report had a significant impact on states' interest (Freking, 2008).

In December 2009, President Obama signed the *Consolidated Appropriations Act of 2010*, which included \$110 million for the President's Teen Pregnancy Prevention Initiative (TPPI). Although this legislation is not geared at broader comprehensive sexuality education, it did create the first federal funding stream that could be utilized for more comprehensive sexuality education initiatives. The allocation of funds was in part based on the existence of evidence-based programs and still stresses abstinence, but it also includes medically accurate and age-appropriate information.

President Obama also signed into law the *Patient Protection and Affordable Care Act* on March 23, 2010. Among numerous provisions, this piece of legislation created the Personal Responsibility Education Program (PREP), which provides young people with medically accurate and age-appropriate sex education as a means of helping them reduce their risk of unintended pregnancy, HIV/AIDS, and other STIs through evidence-based and medically accurate programs. Under the state-grant portion of PREP, states are required to fund programs that include a core sex education component that teaches youth about "both abstinence and contraception for the prevention of pregnancy and [STIs], including HIV/AIDS" (Patient Protection and Affordable Care Act, 2010).

As of now, there has been no federal policy enacted in support of comprehensive sex education. However, Senator Frank Lautenberg (D-NJ) and Representative Barbara

Lee (D-CA) presented the Real Education and Healthy Youth Act in November of 2011. This legislation would be the first of its kind and would support and fund comprehensive sex education as a means of reducing unintended pregnancies, STI/HIV contraction, and support healthy lifestyles. The bill has been referred to committee in both the house and senate and is awaiting reintroduction in the Congress. This legislation follows two previous attempts at providing support for comprehensive sex education. The Family Life Education Act was introduced in 2001 and died in committee. The Responsible Education About Life (REAL) Act was introduced in 2007, and was sent to committee, but reintroduced as the current Real Education and Healthy Youth Act.

Currently, 22 states and the District of Columbia mandate sexuality education (Guttmacher Institute, 2013). Additionally, 33 states and the District of Columbia mandate HIV education, and 27 states and the District of Columbia mandate that, when provided, sexuality and HIV education programs meet certain requirements (Guttmacher Institute, 2013). Twelve states require that the instruction be medically accurate, 8 states require that the instruction be culturally appropriate, and 2 states prohibit programs from promoting religion (Guttmacher Institute, 2013). Additionally, 17 states and the District of Columbia require that information on contraception be provided (Guttmacher Institute, 2013). Thirty-seven states require that information on abstinence be provided, and 19 states stress the importance of sexual activity only within marriage (Guttmacher Institute, 2013). Eleven states currently discuss sexual orientation, and 19 states require information on condoms and contraception (Guttmacher Institute, 2013).

Since its creation, over 1.5 billion tax dollars have been spent on abstinence-only-until-marriage programs (SEICUS, 2011). As it stands now, states typically leave most sexuality education policy decisions in the hands of individual districts. School boards establish curricula, and work with administrators to enact programs in individual schools, based on the needs of the students in that particular district. In most states, broad standards for Health and Physical Education, where sexuality education is usually placed, allow districts to interpret information however they want as long as they follow state and federal laws (Santelli, 2006a). Once policy is handed down to educators, teachers may be mandated to teach abstinence-only education but also provide instruction on contraception and condoms, or vice versa (Dailard, 2001). Additionally, teachers may face a high degree of reprimand for teaching outside the guidelines set forth (Santelli et al., 2006b).

Researchers have been actively outspoken against this apparent misdirection of funds, calling the apparent wide support for abstinence-only education senseless (Levine, 2002; Fields, 2008; Luker, 2006; Moran, 2000). Quite simply, these policy decisions have been made despite the overwhelming evidence that comprehensive sexuality education works, whereas abstinence-only education does not. “In many European countries, where teens have as much sex as in America, sexuality education starts in the earliest grades. It is informed by a no-nonsense, even enthusiastic, attitude toward the sexual; it is explicit; and it doesn’t teach abstinence” (Levine, 2002, p. 102). As a result, the Western European rates of teen pregnancy, abortion, STIs, and

HIV/AIDS are a fraction of those in the U.S., while the average age of first intercourse is virtually identical (Levine, 2002).

Perhaps the most widely used example of this sexuality education success is the Netherlands. Close to a century ago, Dutch educators began to recognize the importance of sexuality education, and they called for its inclusion in the curriculum (Timmerman, 2009, p.500). More specifically, they called for the inclusion of sexual instruction in teacher training programs (Kohnstamm, Groenewegen, & de Graaff, 1925, p. III).

At that time, the City Council of Amsterdam and the University of Amsterdam placed so much importance on sex education for young people that they considered it the responsibility of the university and preparatory school to present the problems of sex education to aspiring educators and to work with them to consider solutions (Kohnstamm et al., 1925, p. VII).

A combination of categorical knowledge and personal characteristics were considered necessary for educators providing sexuality education to students. As Timmerman (2009) asserts however, the personality of the teacher remained at the forefront of importance in considering sexuality education effectiveness (p. 500). Research has examined the professional (Shulman, 1987) and personal (Clandinin, 2006) traits of educators in teaching sexuality education (Timmerman, 2009), and there has been evidence to suggest the importance of the convergence of these two facets of teacher development (Goodson & Cole, 1994).

In general, sexuality education is much less controversial in The Netherlands, particularly at the political level, and Dutch society is more open when it comes to issues

about sex (Braeken, 1994; Jones et al., 1986; Ketting, 1994; Lewis and Knijn, 2001).

Interestingly, English-speaking observers tend to mistake this openness for permissiveness (Dryfoos, 1990; Hardy and Zabin, 1991). Specifically within the Dutch educational system, sexuality education has been integrated into the core objectives of biology, home economics, and physical education as of 1993 (Timmerman, 2009).

Further, sexuality education was incorporated into the domain of “humans and nature”, which included aspects of physics, biology, chemistry, and home economics. Within this domain, two core objectives relate specifically to sexuality education:

- 1) “Students will learn to understand the most important points regarding the structure and function of the human body, to draw connections between the promotion of physical and mental health, and to take personal responsibility in these areas”.
- 2) “Students will learn about hygiene and how to take care of themselves, others, and their surroundings, as well as how they can have a positive influence on the safety of various living situations (living, learning, working, going out, traffic) for themselves and for others (*Taakgroep Vernieuwing Basisvorming* [Task Force for Innovation in the Basic Curriculum], 2003).

Despite these core objectives being laid out, the pedagogical context and practice of sex education lessons is left mainly to individual educators. Timmerman (2004) found that common topics discussed included contraceptives, HIV/AIDS and other STIs, reproduction, menstruation, sex difference, and “making love”. To a lesser extent, homosexuality, abortion, religion and sexuality, and sexual harassment were also

discussed. Overall, teachers tended to pay much more attention to the technical aspects of sexuality education, and less to the social aspects of sexuality (Timmerman, 2009).

Teachers in one study (Timmerman, 2009) indicated receiving little or no formal preparation with regard to how sexuality education can be presented. As a result, they tended to reply initially on their own practical knowledge and experience. These educators began by presenting factual knowledge, and were less likely to integrate an open atmosphere, as it was not viewed as fostering a safe environment, which was necessary due to the content. Teachers also perceived differences between boys and girls, which impacted the way they approached their sexuality education pedagogy (Timmerman, 2009). Teachers do, however, adjust their approach based on their perceptions of student knowledge and experience. Overall, Dutch educators appear to implement teaching strategies with regard to sexuality education that relate to an interest in students' conceptions and learning difficulties and to their personal characteristics (Timmerman, 2009).

In general, a great deal of coherence and consistency is present in the delivery of sexuality education in the Dutch system (Lewis and Knijn, 2001). Many of the same concerns as are evident in the United States, however, are present as students react to the material. "As a leading Dutch sex educator observed in an interview, it is very difficult to find a safe and appropriate way of inviting openness, and yet openness is essential if information is to be given about sex and if the message is to be clearly understood" (Lewis and Knijn, 2003, p.63).

Overall, the current U.S. focus on abstinence-only education appears to have weakened comprehensive sexuality education programming throughout the country (Santelli et al., 2006). Abstinence-only education continues to represent a desire to return to a valorized past indicative of White, middle-class, nuclear family values (Apple, 2001; Coontz, 1992). At the same time, “school actors have long debated the roles that schools should play in health education provision generally, and sexuality education specifically” (Kendall, 2008).

Thus, the current system is flexible and allows districts to decide how to best meet the needs of their students. Parents and other adults in the community, who have a vested interest in their children’s education aligning with their personal beliefs, often influence these decisions as well (Santelli, 2006a). Oster (2010) found that state standards for Health and Physical Education, in addition to school board members, had a significant impact on sexuality education curriculum decisions. In her study, federal grants were rarely mentioned, and many participants were not aware of whether they were receiving funding. Many respondents also indicated being contacted by parents inquiring about the sexuality education curriculum. Parent comments ranged from general curiosity about the program to concern over offensive material, as well as concern that the material was not comprehensive enough (Oster, 2010). However, parent comments and concerns had little impact on the curriculum itself (Oster, 2010).

The wide array of agents with a vested interest in the sexuality education curriculum then presents perhaps the largest obstacle to effective implementation. Parents, students, and educators all have an opinion, and even within school districts,

those opinions do not align (Eisenberg et al., 2012). At the heart of the debate is an ideological difference in how to define “sex” itself. Sexual liberals and sexual conservatives differ widely on their beliefs about this definition and what it means for how students are educated (Fields, 2008; Irvine, 2002; Lord, 2010; Luker, 2006; Moran, 2000). Conservatives typically advocate for a “values-based” curriculum that embeds certain of their more conservative moral beliefs into the curriculum, including the insistence that sex is only appropriate in a heterosexual marriage. Liberals, on the other hand, advocate a value-neutral approach that seeks to provide medically accurate information and educate them on how to live a healthy lifestyle and make responsible decisions themselves, as opposed to making the decisions for them (Fields, 2008; Irvine, 2002; Lord, 2010; Luker, 2006; Moran, 2000).

Of course, neither side can truly be value-neutral in this discourse. Between these two opposing sides also lies a continuum ranging from very politically conservative to very liberal, which defies the ideological binary so frequently espoused. There is no question that individual perspectives are complex and nuanced. These perspectives have resulted in the differing curricular perspectives that dominate the sexuality education landscape today.

Sexuality Education Curricula

The overwhelming diversity in the United States makes it tremendously difficult to design a sexuality education curriculum that meets everyone’s needs. This diversity, coupled with the tremendous spectrum of worldviews and perspective on the topic of sexuality makes the discussion about sexuality education curriculum implementation a

complex one. As a result, numerous curricula have been developed and implemented across the country. These programs are designed by individuals and organizations with specific goals and outcomes, and become even more differentiated as they are passed down to the state and district level, through administrators, and finally landing in the hands of educators.

Sexuality education curricula typically fall into two major categories, abstinence-only education and comprehensive sexuality education. Sexuality education as a whole has existed in some form for over 100 years, as I have described (Moran, 2000), although its prominence did not begin until the 1960s. Sexuality education has served as a “formalized attempt to prevent such negative sexual outcomes through the provision of information and the cultivation of sexual knowledge and values” (Bay-Cheng, 2003, p. 61). Conversely, we have been ultimately invested in preserving the innocence of our children by curbing the spread of unplanned pregnancies, and the spread of sexually transmitted infections (STIs). “As a culture, we have been invested in the notion of childhood innocence and the belief that children should be kept apart from sexual knowledge and action” (Thorne, 1995).

A majority of sexuality education curriculum begins at the secondary level of schooling. This is a direct reaction to men and women typically beginning to have sexual intercourse during late adolescence (The Alan Guttmacher Institute, 2002). As a result of this decision, young men and women need relevant and accurate information and education about sexuality, pregnancy, and disease prevention. Consequently, organizations such as the American Medical Association, the American Academy of

Pediatrics, and the National Academy of Sciences have all recommended that schools implement comprehensive sex education curricula. A majority of funding, however, has gone towards abstinence-only education curricula. Central to a majority of sexuality education curricula are the issues of teen pregnancy and the contraction of sexually transmitted infections. These public health concerns continue to take precedence over broader notions of sexual identity, relationships, and personal development.

Teen Sexual Activity

A brief summary of current sexual activity among American teens is warranted. Evidence clearly suggests that young people are becoming more sexually active and those unintended pregnancies, abortions, and STIs are on the rise (Centers for Disease Control and Prevention, 2010, 2011; Robinson & Rogstad, 2002). Although only 13% of teens have engaged in sexual activity by age 15, that number increases to 70% by the time they reach age 19 (Guttmacher Institute, 2013).

On average, young people have sex for the first time at age 17, but are not getting married until they are in their mid-20s. Some declines in first sexual encounter have been seen in the past 20 years, but there was no change in age of first sexual encounter between 2002 and 2008 (Guttmacher Institute, 2013). Overall, teens in the United States and Europe have similar levels of sexual activity, but European teens are more likely to use contraceptives generally and to use the most effective methods, which lowers their pregnancy rates (Guttmacher Institute, 2013). Limited data on European STI rates is available, but incidences in U.S. have been shown to be considerably higher than those in the Netherlands. Additionally, 3% of males and 8% of females aged 18-19 in 2002

reported their sexual orientation as homosexual or bisexual, and the proportions reporting same-sex behaviors were similar (Guttmacher Institute, 2013).

Contraceptive Use

Overall, teens that are sexually active and choose not to use a contraceptive have a 90% chance of becoming pregnant within a year (Guttmacher Institute, 2013). The rates of contraceptive use during first sexual encounter have steadily been rising in the past twenty years, with 78% of females and 84% of males currently doing so (Guttmacher Institute, 2013). The condom continues to be the most widely used contraceptive method, and rates of birth control use have also increased among sexually active women in the last twenty years (Guttmacher Institute, 2013).

Access to contraceptives continues to be a hotly debated topic among policy advocates, lawmakers, and community members. Twenty-one states and the District of Columbia currently allow minors to obtain contraceptive services without parents' involvement (Guttmacher Institute, 2013). In 2002, 90% of publically funded family planning clinics counseled clients younger than 18 about abstinence, the importance of speaking with parents about sex, or both topics (Guttmacher Institute, 2013). Despite increasing use of contraceptives, in 2006, only 5% of American high schools made condoms available to students (Guttmacher Institute, 2013).

Teen Pregnancy

Each year, almost 750,000 U.S. women aged 15-19 become pregnant (Guttmacher Institute, 2013). The overall rate was 68 per 1,000 women aged 15-19 in 2008, and represented a record low (Guttmacher Institute, 2013). A majority of this

decline is the result of increased contraceptive use, followed by teens choosing to delay sexual activity. Despite this significant decline, the U.S. teen pregnancy rate is still the highest in the developed world (Guttmacher Institute, 2013). In total, 82% of teen pregnancies are unplanned (Guttmacher Institute, 2013). Fifty-nine percent of teen pregnancies in 2008 ended in birth, and 26% in abortion (Guttmacher Institute, 2013). More specifically, Black and Hispanic women continue to have the highest teen pregnancy rates, while non-Hispanic Whites have the lowest rate (Guttmacher Institute, 2013).

STI Contraction

Our understanding of and language for sexually transmitted infections has evolved in the last century. As science has allowed us to become more aware of these issues, diagnoses and treatment have risen. As of 2008, young people 13-24 make up about 17% of all people diagnosed with HIV/AIDS in the United States (Guttmacher Institute, 2013). In addition, young people aged 15-24 account for nearly half (9.1 million) of the 18.9 million new cases of STIs each year, despite composing only one-quarter of the sexually active population (Guttmacher Institute, 2013). Treatment for STIs is on the rise as well. For example, in 2009, 44% of females aged 13-19 had received one or more doses of the vaccine against HPV (Guttmacher Institute, 2013). Currently, all 50 states and the District of Columbia allow minors to consent to STI services without parental involvement (Guttmacher Institute, 2013). Rates of STI contraction are much lower in Europe, although increases do have some researchers concerned (Hamers, 2002).

Abstinence-Only Education

It can be very difficult to define “abstinence”, as various individuals, programs, and curricula address it differently. For some, it means abstaining from all sexual activity, and for others, it is postponing sex until (heterosexual) marriage while sex itself is left as a vague, undefined term. Others simply define abstinence as avoiding vaginal sex. Traditional sexuality education, and furthermore, abstinence-only sexuality education has been situated strongly within a moral and medical framework. This restrictive ideology typically casts human sexuality in a negative light and attempts to implement strict legal, social, and moral controls over sexual behavior (Levesque, 2000, p. 3). Fine (1988) discusses three discourses, which permeate school-based sexuality education, much of which is abstinence-based. These three discourses are

Sexuality as Violence, defined as the belief that sex is inherently coercive and damaging; *Sexuality as Victimization*, which differs from the first discourse in that sexuality is not posited as inherently violent, yet nevertheless rife with possibilities for physical and psychological victimization; and lastly, *Sexuality as Morality*, which is infused by Cartesian and Judeo-Christian moral ideals such as self-control, willpower, and purity (Bay-Cheng, 2003, pp. 64-65).

Furthermore, the medical model, which dominates our Western society’s study of sexuality and development of sexuality education, coupled with these discourses, has led to the fear-based approach that is common within abstinence-only sexuality education (Bay-Cheng, 2003; Ehrhardt, 1996; Fine, 1988; Morris, 1994; Trudell, 1993). In

addition, this ideology typically disapproves of contraception and safer sex practices, as well as masturbation, homosexuality, and sex before marriage (Levesque, 2000).

Supporters of AOE push for it as the only 100% effective strategy in preventing STIs and unwanted pregnancies. As a result, concerns from the more conservative religious and political Right revolve around the belief that sexuality education and other public health measures will excite students and send a message to students that having sex at a young age is acceptable (Firestone et al., 1994). This belief dates back to early twentieth century sexuality education initiatives, in which opponents were concerned with finding a balance between teaching young people truthful and positive information about sexuality prior to them forming their own dangerous patterns of behavior and encouraging increased sexual behavior. Early social hygienists countered this fear by insisting that the scientific approach was too pure to be suggestive, as it eliminated the erotic elements of sex (Moran, 2002).

The more recent insistence from the religious right that sexuality education will encourage young people to engage in sexual activity has formed the basis for much of their argument. This assertion, which relies on a belief in vicarious capacity (Bandura, 1977a; 1986; 1989) or modeling, takes a rather generous leap from classroom discussion to bedroom action. Repeated reviews of research have produced no evidence to suggest that exposure to sexuality education information increases sexual activity (Kirby, 2001; 2007). On the contrary, research has show a decrease in contraceptive use among sexually-active young people receiving abstinence-only education (Kirby, 2001; 2007). As Klein (2006) points out, abstinence-only proponents “have no data with which to

counter- but they do have ‘concerns’ and ‘feelings’, *which are now considered seriously in public policy debate*” (p. 2, emphasis in original). In essence, this argument is “like saying that seat belts encourage dangerous driving and poison centers encourage sloppy parenting” (Klein, 2006, p.2)².

In keeping with this belief, supporters of abstinence-only education oppose the distribution of condoms, attempt to censor sexuality education materials, stress abstinence above all else, and even attempt to ban various materials (Earls, Fraser, & Sumpter, 1992; Hunter, 1991; Smolowe, 1993). As a result of this moral and religious focus, abstinence-only supporters, to justify their assertions, have conducted very little valid and reliable research.

In 2004, a report was prepared by the Committee on Government Reform, within the Special Investigations Unit, at the request of Representative Henry Waxman. This report outlined and assessed the content of federally funded abstinence-only education programs. More specifically, the report evaluated the content of the most popular abstinence-only curricula used by grantees of the largest federal abstinence initiative, SPRANS (Special Programs of Regional and National Significance Community-Based Abstinence Education). Through the Department of Health and Human Services, grants are given to community organizations to present this curriculum.

² Klein (2006) goes on to emphasize the strategy utilized by those fighting for abstinence-only education. He discusses their framing of the debate as being about fighting for children, family, marriage, morals, education, and community safety. These are all topics that Americans will generally relate to and care about, which leads the public into being “manipulated into fighting sexual expression, not sexual ignorance or poor sexual decision-making” (p. 3). Further, “today’s domestic conservative/fundamentalist political and social movements present a clear (though horrifically distorted) picture of sexuality. It’s a narrative of danger and, therefore, of fear; a narrative of sin and, therefore, of self-destructiveness” (p. 3).

There is no oversight or review of the accuracy of these programs on the part of the federal government.

This report (Committee on Government Reform- Minority Staff, Special Investigations Unit, 2004) took on the task of reviewing the accuracy of these programs. These programs, which are a direct result of the rapid expansion of abstinence-only sexuality education under the Bush Administration, receive a large portion of the approximately \$170 million spent on abstinence-only education in the 2005 fiscal year, which is more than twice the amount spent in 2001. “The report finds that over 80% of the abstinence-only curricula, used by over two-thirds of SPRANS grantees in 2003, contain false, misleading, or distorted information about reproductive health” (Committee on Government Reform- Minority Staff, Special Investigations Unit, 2004).

More specifically, the committee highlighted five major areas of discrepancy, which warrant further investigation. These curricula, the committee found, a) contain false information about the effectiveness of contraceptives, b) contain false information about the risk of abortion, c) blur religion and science, d) treat stereotypes about Girls and Boys as scientific fact, and e) contain scientific errors. Such discrepancies directly call into question the effectiveness of such programs at attaining their desired outcomes, which generally focus on reducing pregnancy rates, teen sexual behavior, and the spread of STIs.

Further evaluation of abstinence-only sexuality education appears to be lacking in the research. “A review of published evaluations of abstinence education curricula indicates, however, that rather than research showing abstinence programs are not

effective, there are simply few studies that have examined the impact of abstinence education on student sexual behavior” (Denny & Young, 2006, p. 414). Although the Abstinence Clearinghouse Directory on Abstinence Resources lists 46 separate curricula, there are no published evaluations on any of them, which explore their impact on sexual behavior.

Additionally, those studies that have assessed various abstinence-only curricula (Barnett & Hurst, 2003; Cagampang, Barth, Koripi, & Kirby, 1997; Denny, Young, & Spear, 1999; Jemmott, Jemmott, & Fong, 1998; Kirby, Barth, Leland, & Fetro, 1991; LeCroy & Milligan Associates, 2003; Lerner, 2004; Santelli, 2006d; Santher & Zinn, 2002; Silva, 2002; St. Pierre, Mark, & Kalreider, 1995; Trenholm et al., 2007; Young, Core-Gebart, & Marx, 1992) provide mixed results and offer no long-term evidence of success in meeting the intended outcomes. More significantly, a 6-year, federally mandated randomized experiment of abstinence-only education programs found no significant changes in reported sexual activity (Trenholm et al., 2007 as cited in Kendall, 2008).

A 2007 review of experimental and quasi-experimental studies of U.S. curriculum-based sexuality education programs provided further evidence on the effectiveness of abstinence-only programs. Kirby (2007) concluded:

At present, there does not exist any strong evidence that any abstinence program delays the initiation of sex, hastens the return to abstinence, or reduces the number of sexual partners. In addition, there is strong evidence from multiple randomized trials demonstrating that some abstinence programs chosen for

evaluation because they were believed to be promising actually had no impact on teen sexual behavior (p. 15, as cited in Kendall, 2008, p. 25).

A study released in February 2010 did, however, reveal that a theory-based abstinence-only program designed for middle school students did effectively delay the onset of sexual activity (Jemmott, Jemmott, & Fong, 2010). This study had implications for the field of adolescent sexual health in that it was the first study of its kind to demonstrate a positive behavioral outcome as a result of an abstinence-only education program. This particular program did not meet the federal criteria for abstinence programs, but did provide a glimpse into the content of an effective program based on theory. Of significance is the fact that this program promoted abstinence until ready, as opposed to abstinence until marriage. Additionally, the program did not dissuade students from condom or contraceptive use as important factors in delaying sexual activity. In many ways, this study bridged a gap between abstinence-only and comprehensive sexuality education programs. However, no comparable study has been done with high school students.

Comprehensive Sexuality Education

Unlike abstinence-based programs, comprehensive sexuality education includes a full review of possible contraceptive and safer-sex models, with a positive and pluralistic approach (Fine, 1988; Haffner, 1993b). In addition, students are provided with the resources needed to clarify their own values and beliefs with regard to all facets of sexuality. This ideology ultimately views sexual behavior as a pleasurable aspect of life,

and proposes that an “active, pleasurable, and satisfying sexual life contributes to individual self-fulfillment and psychological health” (Levesque, 2000, p. 3).

Most CSE programs include instruction on communication skills, decision-making, sexual identity, and gender identity (SIECUS, 2004). “They encourage the development of sexual values and ethics among students, but refrain from conveying a particular values system, focusing primarily on the development of individual values systems” (Morris, 1994). These programs target students from kindergarten through high school. Even more controversially, many programs cover materials on the sexology of masturbation and massage, as well as sexual pleasure (Hedgepeth & Helmich, 1996; Ingham, 2005). Research has shown these programs delay sexual activity and improve condom and contraceptive use during sexual activity (Kirby, 2001; Manlove, Romano-Papillo, and Ikramullah, 2004).

Kirby (2007) conducted a thorough review of studies examining programmatic and curricular impact on adolescent sexual activity. He found that the percentage of sex and STI/HIV education programs with positive effects on adolescent behavior continued to increase from previous years, and more programs had been evaluated. His findings further emphasized the value and effectiveness of comprehensive sexuality education programs. He identified common characteristics that successful programs share and separated them into the areas of development, content, and implementation (Kirby, 2007). These characteristics are listed in table 2.

Outside of the clear differences in curricular content, much of the debate regarding comprehensive sexuality education is of a political nature. “The apparent

political popularity of abstinence-based programming, even in the absence of empirical evidence of its preventive efficacy (Kirby, 2001, 2007), and it's inclusion in a conservative and moralistic package of 'family values' highlights an important obstacle confronting sexuality educators today" (Bay-Cheng, 2003, p. 63).

In a position statement by the American Association of Health Education (AAHE), the rationale for comprehensive sexuality education was clearly outlined and emphasized. They emphasize the essential nature of sexuality education, which includes learning about the ways people act, think, believe, feel, and function as sexual beings (AAHE, 2005).

Table 2

Characteristics of Effective Curriculum-Based Programs

| The Process of Developing the Curriculum | The Contents of the Curriculum Itself | The Process of Implementing the Curriculum |
|---|--|--|
| 1. Involved multiple people with expertise in theory, research, and sex and STI/HIV education to develop the curriculum | Curriculum Goals & Objectives | 14. Secured at least minimal support from appropriate authorities, such as departments of health, school districts, or community organizations |
| 2. Assessed relevant needs and assets of the target group | 6. Focused on clear health goals- the prevention of STI/HIV, pregnancy, or both | 15. Selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision, and support |
| 3. Used a logic model approach that specified the health goals, the types of behavior affecting those goals, the risk and protective factors affecting those types of behavior, | 7. Focused narrowly on specific types of behavior leading to these health goals (e.g. abstaining from sex or using condoms or other contraceptives), gave clear messages about these types | 16. If needed, implemented activities to recruit and retain teens and overcome barriers to their involvement (e.g., publicized the program, offered food or obtained |

Table 2 (continued)

| The Process of Developing the Curriculum | The Contents of the Curriculum Itself | The Process of Implementing the Curriculum |
|--|---|--|
| <p>and activities to change those risk and protective factors</p> <p>4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies)</p> | <p>of behavior, and addressed situations that might lead to them and how to avoid them</p> <p>8. Addressed sexual psychosocial risk and protective factors that affect sexual behavior (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) and changed them</p> | <p>Consent)</p> <p>17. Implemented virtually all activities with reasonable fidelity</p> |
| 5. Pilot-tested the program | Activities and Teaching Methodologies | |
| | 9. Created a safe social environment for young people to participate | |
| | 10. Included multiple activities to change each of the targeted risk and protective factors | |
| | 11. Employed instructionally sound teaching methods that actively involved participants, that helped them personalize the information, and that were designed to change the targeted risk and protective factors | |
| | 12. Employed activities, instructional methods, and behavioral messages that were appropriate to the teens' culture, developmental age, and sexual experience | |

Table 2 (continued)

| The Process of Developing the Curriculum | The Contents of the Curriculum Itself | The Process of Implementing the Curriculum |
|--|--|--|
| | 13. Covered topics in a logical sequence | |

Source: Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. New York: The National Campaign to Prevent Teen and Unplanned Pregnancy.

Furthermore, they define comprehensive sexuality education as addressing “the biological, sociocultural, psychological, and spiritual dimensions of sexuality from (a) the cognitive domain, (b) the affective domain, and (c) the behavioral domain, including skills to communicate effectively and make informed decisions” (AAHE, 2005, p. 1). Content should touch on a wide range of informational subjects, providing accurate and age-appropriate information about human sexuality, including “growth and development, puberty, body image, gender roles, reproductive anatomy and physiology, conception and birth, sexual identity, relationships, parenting, sexual expression, STI/HIV transmission and prevention, abstinence, fertility control, and sexual exploitation” (AAHE, 2005, p. 2). Numerous other organizations have recommended various aspects of comprehensive sexuality education as well (see Appendix A).

In general, studies have generated mixed results regarding the impact of sexuality education curricula of all three types. Early studies found little or no demonstrated consistent relationship between sexuality education and the onset of sexual intercourse,

and varying degrees of impact on the use of contraceptives (Anderson et al., 1990; Dawson, 1986; Kirby, 1991; 1997; 2001; 2002; Marsiglio and Mott, 1986). Firestone (1994) asserts that the generally small effect of these programs may be related to the lack of relevant information contained within the curricula. Studies have indicated that programs spend less time examining issues such as contraceptive use and disease prevention in favor of more basic anatomy and general discussions of risk (The Allan Guttmacher Institute, 1989; Kirby, 2007; 2008). The age at which various sexuality education topics are introduced has also emerged as a concern for overall effectiveness (Firestone, 1994). Central to this discussion was the lack of national sexuality education standards, such as those that exist in other curricular areas (Woo et al., 2011).

In January 2012, a consortium of health education groups released *National Sexuality Education Standards: Core Content and Skills, K-12*. The goal was “to provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K-12” (National Sexuality Education Standards, 2012, p. 6). The standards were developed as a part of the private Future of Sex Education (FoSE) initiative, and involved the efforts of 40 leading scholars and educators in the fields of health education, sexuality education, public health, public policy, philanthropy, and advocacy. The standards were developed to address the inconsistent implementation of sexuality education and the limited allocation of time and resources to the topic.

The standards were heavily influenced by a number of other entities. The *National Health Education Standards (NHES)*, which were first created in 1995 and then

updated in 2007, were significant. The Joint Committee on National Health Education Standards developed these standards, with committee members including the American Association for Health Education, the American Public Health Association, the American School Health Association, and the Society of State Leaders of Health and Physical Education (Joint Committee on National Health Education Standards, 2007). See Appendix B for a full listing of the standards. Although they address general key concepts, they do not address any specific health content areas, including sexuality education. In addition to NHES, the CDC's Health Education Curriculum Analysis Tool (HECAT), as well as many of the recently adopted common core standards in states around the country also influenced the standards.

The standards were the culmination of a significant body of literature, as has been previously mentioned, that demonstrates the benefits of and desire for clear, concise, and comprehensive sexuality education. Dilley (2009) found that programs that included health education had an overall positive effect on academic outcomes. In addition, teens who received comprehensive sexuality education were 50% less likely to report a pregnancy than those who were given abstinence-only education (Kohler et al., 2008). The consortium also responded to the support of parents for comprehensive sexuality education (Baldassare, 2005; Bleakley, 2006).

The standards themselves are organized by grade level and by topic, and address seven key areas:

- Anatomy and physiology;
- Puberty and adolescent development;

- Identity: fundamental aspects of people's understanding of who they are;
- Pregnancy and reproduction: how pregnancy happens and decision-making to avoid pregnancy;
- STIs and HIV: understanding and avoiding HIV and other STIs, including how they are transmitted, their signs and symptoms, and the importance of testing and treatment;
- Healthy relationships: successfully navigating changing relationships among family, peers and partners; and
- Personal safety: identifying and preventing harassment, bullying, violence, and abuse.

A set of performance indicators are listed below each of these topics, containing both the knowledge and skills students should have by the end of grades two, five, eight, and 12 (Boonstra, 2012). The standards do not amount to a specific curriculum, but do follow a logical progression of increasing complexity and depth of content. Although there is no federal mandate to implement these standards on a national level, they represent the first attempt at standardized national emphasis on comprehensive sexuality education policy implementation. A breakdown of the standards by grade can be found in Appendix C.

These standards are currently being disseminated to K-12 educators around the country in hopes of spreading this information. As primary implementing agents for sexuality education policy, K-12 educators play a crucial role in the utilization of these

standards, as well as other curricular materials. Understanding where K-12 educators fit into this discussion is thus important to our discussion of how policy is implemented within rural midwestern school districts.

K-12 Educators and Sexuality Education

K-12 educators serve as primary implementing agents for sexuality education policy in the United States. Thus, it is important to understand their views regarding sexuality and sexuality education. Much research has been done to measure knowledge of sexual health, but far less research (Alldred, David, & Smith, 2003; Wiefferink et al., 2005) has been done to measure how comfortable educators are teaching the subject. There are a number of studies that look at the knowledge and/or attitudes of adults towards the sex-related issues of adolescents (Horner et. al., 1994; Sulak et. al., 2005). However, far less numbers of studies have looked at targeting educators providing sexuality education (McFayden, 2004; Wiefferink et al., 2005).

Despite the lack of research, K-12 educators are primary sources of sexuality education. “Research found that a small, but significant, percent (20%) of parents felt ill-prepared to address sexual issues with their children” (Price et al., 2003, p. 9). The adequacy of this communication is routinely called into question by educators despite a majority of parents reporting discussing sexuality with their children (Jordan, Price, & Fitzgerald, 2000). As a result, the only other reliable source of information for many children becomes the schools (Price et al., 2003). Notwithstanding this evidenced need for sexuality education, hesitation exists. “A recent study of fifth- and sixth-grade teachers who work with sexuality education found that one in four reported their school

administration was nervous about community reactions to sexuality education” (Price et al., 2003, p. 9).

Many educators have indicated feeling as though sexuality education should be the responsibility of parents (Alldred et al., 2003; Price et al., 2003). “As such, they sometimes reluctantly accepted the need to make up a parental deficit, but were anxious about being criticized if their own values showed” (Alldred et al., 2003, p. 90). This feeling has manifested itself in highly varied levels of comfort in addressing sexuality-related questions in the classroom as well (Haignere et al., 1996; Myers-Clack and Christopher, 2001; Price et al., 2003). These feelings on the part of implementing agents are prevalent despite overwhelming support by educators and parents for offering comprehensive sexuality education in public schools (Constantine, Jerman, and Huang, 2007; Donovan, 1998; Eisenberg et al., 2008).

This nervousness/reluctance/resistance on the part of administrators and educators has led to roadblocks to quality sexuality education (Eisenberg et al., 2012). Among sexuality educators, status, resources, and pressure from various constituencies all play a part in inhibiting their ability to deliver sexuality education effectively (Alldred et al., 2003; Donovan, 1998). Additionally, because it is not always a part of the required curriculum for educators, it can become undervalued, and pushed out, as well as not adequately assessed for effectiveness (Alldred et al., 2003; Donovan, 1998). Firestone et al. (1994) additionally found that teachers in districts with lower overall financial resources have fewer learning opportunities, and less access to graduate

courses on human sexuality and workshops on the material. They also found that curriculum guides were less available for teachers in poorer districts.

Teacher preparation is another important element within sexuality education. Training for sexuality education is often inadequate or non-existent (Donovan, 1998; Eisenberg et al., 2010; Jacobs and Wylie, 1995; McKay and Barrett, 1999; Thompson and Doll, 1984; Quinn, Thomas, and Smith 1990). Although questions of sexuality come up in virtually all classroom settings, few teachers see themselves as sexuality educators. Price et al. (2003) found that of those teachers who participated, less than one half reported that they taught sexuality education, and only about one-third reported having received some formal training in sexuality education. “Thus, if all the current teachers had responded to students’ sexuality questions, they might have given less than ideal responses” (Price et al., 2003, p. 13). This deficit in preparation indicates a strong need to better prepare K-12 educators in sexuality education as well.

Just as there exists a deficit in teacher preparation for sexuality education, so too is there a deficit in the multicultural inclusiveness of current sexuality education curricula. This critical component to the effectiveness and inclusiveness of all sexuality education policy thus warrants further examination. K-12 educators, as sexuality educators, must be aware of the multicultural nature of sexuality in our society.

Missing Multiculturalism in the Curriculum

Discussion of culturally competent and multiculturally inclusive sexuality education, missing from both curricular approaches, require a more intentional exploration and analysis in order to provide all students with a comprehensive

understanding of sexuality from an age-appropriate perspective. The current iterations of sexuality education continue to represent a White, middle-class, heterosexual, male bias (Irvine, 1995; Moran, 2000; Ward & Taylor, 1992). This occurs through gender stereotypes, curricular decisions, and cultural norms communicated in the curricula. Although this curricular bias is not unique, it is still significant to our understanding of sexuality education in the United States.

Equity emerges as a central issue in sexuality education due to the unequal distribution of sexuality education by both ethnicity and income (Firestone et al., 1994; Trudell, 1992; Whatley, 1992). Firestone et al. (1994) concluded, “fundamental inequity with regard to sexuality education in the situation of American teens, however predictable, contributes in its own way to the reproduction of class roles in American society” (pp. 309-310). They further stated that schools with less money overall do not spend more or less time on sexuality education, but are less able to provide appropriate materials, or administrative and parental support.

Statistics regarding number of partners, STI and HIV/AIDS contraction, teen pregnancy, and other sexual activity consequences continue to be unevenly distributed (Anderson et al., 1990; Clark, Zabin & Hardy, 1984; Keeling, 1993). Cultural background has been shown to be a factor in impeding communication about sexuality (Firestone et al., 1994). “Many of the assumptions built into the sexuality education curriculum--for example, that it is helpful to talk through and analyze sexual issues--conflict with the dominant culture that embeds sexuality in romance” (Firestone et al., 1994, p. 294).

Overall, the lack of multiculturalism in curricula in all areas has played a large role in the formation of the multicultural education movement (Banks, 1996; Kincheloe & Steinberg, 1997). In all programs, we understand that a failure to acknowledge and work towards a more culturally competent curriculum leaves material open to numerous shortcomings in which various misunderstandings hamper the education of students (Banks, 1996; Irvine, 1995).

When we teach about sexuality, such breakdowns might result from using a language in which sexual meanings are shared by a white, middle-class audience but are unfamiliar to or inappropriate for other groups. Or they might come from assuming that certain sexual behaviors are favored by everyone instead of recognizing that cultures assign different values to sexual practices. Breakdowns in sexual communication are likely whenever the speaker assumes that any aspect of sexuality is universally shared. (Irvine, 1995, pp.xii-xiii).

Most sexuality education is based on theories of adolescent development that have emerged from studies of White middle-class male experience. This view sees identity formation as the central task of adolescence, achieved through separation, individuation, and independence. However, this method of identity formation does not address the various cultural differences, which affect the way in which young people develop. In many ways, the focus on individuation and autonomy is a uniquely middle-class Euro American phenomenon; other cultures tend to value collectivism, family loyalty, and interdependence.

Additionally, “power differences show up in sexuality education in several areas. First, most sex research includes only dominant groups, from which generalizations are made about everyone’s sexual belief systems, attitudes, and practices” (Irvine, 1995, p.33). The continued use of the Kinsey (males 1948, females 1953) reports that were based on European-American samples are just two examples. Further, when sex research does occur in communities of color, it typically focuses on negative aspects, such as STI’s and teen pregnancy (Collins, 1990; Collins 2000; Irvine, 1995; Jewel, 1998; Roberts, 1997). “Finally, sexuality education materials frequently reinforce cultural bias” (Irvine, 1995, p.33).

Racial and ethnic differences in the understanding of sexuality also impact the curriculum. “In countries all over the world, children who do not speak the societal language face many difficulties in schools” (Valdes, 2001, p. 10). These difficulties extend to all aspects of the curriculum, and are increasingly difficult in content areas such as sexuality education, where the topic is politically contentious and teachers are uncomfortable delivering the content, even in their native language. Overall, very little literature exists that discusses the differences in sexuality education based on race and ethnicity as well as gender, sexual identity, and gender identity and expression.

According to Ward and Taylor (1992), sexuality education as it is currently taught does not meet the needs of large percentages of young people in the United States. In particular, students of color are not represented and given a voice in the design, content, and delivery of sexuality education. Moran (2000) points out that the argument in favor of a more multicultural curriculum has been heightened by the rising

numbers of HIV and AIDS cases among heterosexual African American teens. Quite clearly, if the curriculum is not relevant to African American and Latino youths, then they will not positively respond to the material.

Sexuality education is thus socially constructed and can be seen as being created and delivered within a larger social and political context, which includes inequalities based on race, class, gender, sexual identity, and ability/disability, among other identity categories. Furthermore, “various cultures interpret, define, and regulate sexuality differently, and cultural group members socialize their children to cultural norms, taboos, and expectations regarding sexual behavior” (Ward & Taylor, 1992, p. 183).

African American Students

Sexuality education as we have seen, has been in existence in some form for over 100 years (Moran, 2000), although its prominence did not begin until the 1960's. Sexuality education has served as a “formalized attempt to prevent such negative sexual outcomes through the provision of information and the cultivation of sexual knowledge and values” (Bay-Cheng, 2003, p. 61). Moreover, we have been ultimately invested in preserving the innocence of our young people by curbing the spread of unplanned pregnancies, and the spread of sexually transmitted infections (STIs). “As a culture, we have been invested in the notion of childhood innocence and the belief that young people should be kept apart from sexual knowledge and action” (Thorne, 1995).

However, this innocence and concern for the preservation of youth has not historically applied to all young people. Beginning in the early twentieth century, distinctions along class and racial lines were developing with regard to sexuality

education. By the 1920s, social workers were already assuming that African American girls would be naturally sexual (McLaren, 1999). “The powerful western image of childhood innocence does not seem to benefit Black children. Black children are born guilty” (Roberts, 1997). The term “unwed mother” became code for Black and working class by the 1930s and led to single mothers being subjected to neurotic labeling (McLaren, 1999).

As a result of this double standard, much of the debate over abstinence-only sexuality education is connected with the sexuality of African American women. “This centrality reflects a history of controlling myths about African American women’s excessive and corrupted sexuality--a history that dates in the United States to the enslavement of Black women and men” (Collins, 1990; Collins 2000; Jewel, 1998; Roberts, 2002; Rose, 2003; as cited in Fields, 2005).

Thus, sex among Black women and girls, and teen sex in general, becomes essentialized. The early work of Erickson (1968) sets up teens as volatile creatures at the mercy of puberty and its strenuous impact. As a result, sexuality is portrayed as “an intense, instinctual drive that is overpowering if left unchecked by civilized social mediators such as laws and morality” (Fields, 2005, p. 62). This then leads us to the assumption that teens are hypersexual and unable to control their youthful urges (Lesko, 1996). We have then, as a result, reacted to this false assumption and utilized it as a guiding framework for early sexuality education. “In this way, our construction of adolescent sexuality justifies our efforts to control it” (Lesko, 1996).

Sexuality education was originally conceived as a remedy to the physical problems as well as the social and moral problems of the day (Luker, 2006; Moran, 2000). However, this fear and morality-based approach has led to equating sex with guilt, which exposes a fundamental flaw in sexuality education (Morris, 1994; Whatley, 1994). As Tolman (1999) points out, both comprehensive and abstinence curricula rely on a dichotomy of good and bad in conceptualizing and talking about sexuality, the only difference being the behaviors assigned to each of those points.

This religiously based focus on morality leads to a singular focus on threat-prevention, which hinders our ability to help young people understand adolescent sexuality and feel comfortable posing the questions that will lead to that understanding (Ehrhardt, 1996; Kyman, 1998; Tolman, 1999). In essence, sexuality education is interested in producing a specific kind of sexuality in young people, and in doing so, is shaping messages about race, sexual identity, and gender roles. Ultimately, “the seductiveness of a rhetoric of ‘childhood innocence’ is that it can articulate the fears of the left and the right. We all want to protect our children” (Jenkins, 1997, pp. 30-31).

Hispanic and Latin@ Students

The lack of representation for cultural and ethnic minority groups denotes an even greater problem when one considers the increased rates of pregnancy among Hispanic adolescents especially, which is 1.7 times greater than that for Whites. Many of these adolescent girls also represent English Language Learners or bilingual students as well, but “sexuality education is seldom introduced in bilingual education classrooms, and young people with limited English language proficiency” (Ward & Taylor, 1992,

p.187). Additionally, the topic may be of far less significance for students attempting to adjust to a curriculum and school culture that does not support their language, culture, values, and beliefs. When access to sexuality education is provided, “language differences and the necessity of adjusting to the linguistic concepts in a new culture may affect comprehension of sexuality education course content” (Ward & Taylor, 1992, p. 187).

Much like many other aspects of education, sexuality education curricula are inaccessible to a majority of bilingual students, and teachers are doubly unprepared to present difficult curricula in a language and culture they are equally uncomfortable working with on a daily basis (Pick, Givaudan & Brown, 2000). This poses a significant problem for bilingual and English as a Second Language—ESL—also known as English Language Learners—ELL students, who statistically possess higher rates of teen pregnancy, STI contraction, and lack of contraceptive use (Afafe-Munsuz & Brindis, 2006; Russell et. al., 2004). These concerns lie in sharp contrast to the assertion that “the development of sexual identity and the skills necessary to navigate healthy sexual relationships should begin early and continue through adulthood”(Pick, Givaudan & Brown, 2000, p. 98).

In much the same way that sexuality education rarely addresses the needs of a diverse student population, language education research also rarely represents linguistically or sexually diverse student groups (Nelson, 2005). In both cases, the needs of dominant White student populations are effectively addressed, but those of diverse student populations are not met in a substantial way. Furthermore, “although identity

research in language education draws on critical social theory, postcolonial theory, gender studies, and, increasingly, critical race studies, for the most part, queer studies remain oddly overlooked” (Nelson, 2006, p.2). For the most part, the queer theory education work that has been done has focused on a monolingual subject group, and “is only beginning to give serious attention to how issues of sexual diversity interface with issues of cultural and linguistic diversity, especially transnationally” (Nelson, 2006, p.3). Thus, the fates of sexuality education and bilingual education are uniquely intertwined as efforts for reform move forward.

Additionally, the positionality of teachers of English as a second or world language plays a significant role in the means by which sexuality education is presented and provided. More particularly, the preponderance of White, middle-class women as teachers in the United States impacts how they view English as a second or world language. As Duff and Uchida (1997) assert, issues of sociocultural identity and representation are very important in EFL (English as a Foreign Language³) classrooms. These same issues are equally important in ESL classrooms. Duff & Uchida (1997) argue that EFL teachers and their students commonly discuss various social and cultural aspects of other ethnolinguistic groups, which then impacts the cultural representations of others and the positionality of the teachers. In addition, concerns emerge when teachers’ or students’ identities and beliefs related to multiculturalism are in conflict with peers, formal publications, and the media as a whole (p. 452). In addition, the English Language teaching industry is not culturally, politically, socially, or

³ “Foreign” language has been increasingly replaced with “World” language.

economically neutral and plays a role in the construction of identities and interactions among teachers and students (Pennycook, 1994), particularly in this age when states are increasingly passing laws mandating English as the “official” language of the state.

These aspects of sociocultural identity and representation intersect individually with the teaching of English as a second language and sexuality education and are exponentially increased when discussing aspects of sexuality education within an ESL context. Teachers must be prepared to navigate the social and political contexts of the material they are delivering, and must understand the broader implications of what and how they delivery information in the classroom. Additionally, teachers must understand their own positionality with regard to these issues before they can navigate them on a broader scale.

Non-heterosexual and Gender Non-conforming (or “gender variant”) Students

Homosexuality has consistently been seen as one of the most controversial areas of sexuality education (Forrest & Silverman, 1989; Moran, 2000; Luker, 2006). Much of this controversy is the result of homophobic fears fueled by a majority male-dominated culture, as well as opposition from a relative minority of conservative religious and political groups (Fields, 2008; Luker, 2006; Sears, 1992; Seidman, 2010). Ultimately, the goal is to maintain heterosexuality as normative in society, which thereby must position homosexuality as unnatural and abnormal (Seidman, 2010).

Numerous studies have documented the increased risk of harassment and bullying, as well as verbal and physical assault for young people that either identify or are perceived to be non-heterosexual or gender non-conforming (Goldfarb &

Constantine, 2011). These factors lead to increased risks of depression, suicide, and alcohol and drug use (Goldfarb & Constantine, 2011). As a result, attention must be paid to this group of young people when designing a culturally competent sexuality education curriculum.

Despite the clear need to address the concerns of non-heterosexual and gender non-conforming students, relevant issues are typically overlooked or purposely left out of the curriculum (Landry et. al., 2003). “Sexual minority youth and issues of sexual orientation, gender identity, and homophobia/heterosexism tend to be minimally addressed in the sexuality education classroom” (Goldfarb and Constantine, 2011, 329). In general, most programs tend to focus on heterosexual students when discussing topics such as relationships and dating, sexual contact, and contraception (Goldfarb & Constantine, 2011, Sears, 1992).

There is a danger of simply categorizing non-heterosexual and gender non-conforming students as the same as heterosexual students for the purposes of the curriculum. In order to address the needs of all students, the curriculum must account for the socially constructed differences in society. Sexuality education can pose questions and provide knowledge that challenges students’ everyday concepts of gender and sexuality (Sears, 1992). Ultimately, sexuality education has the power to convey the multiple forms of sexual expression and the plasticity of the sexual identity of adolescents, and, in the process, explore questions about power and ideology in society (Sears, 1992). In order for this to happen, sexuality education curricula must take a

healthy sexual development approach, avoiding the trappings of an overly simplistic and heterosexually focused behavior change approach.

Although outside social and political pressure to exclude this content plays a large role in its relative absence, of equal importance is the lack of knowledge and comfort among sexuality education teachers. Not only may many be not aware of how to incorporate this material into the curriculum (Landry et. al., 2003; Price et. al., 2003), but also many are generally not adequately educated on how to address the needs to these young people (Landry et. al., 2003; Price et. al., 2003). In extreme cases, teachers even exhibit homophobic behaviors that serve to isolate students. As Sears (1992) states, “understanding and reducing homophobia among educators cannot be addressed at the individual level of bigotry or psychopathology; educators’ homophobic attitudes and feelings must be understood within a societal context in which ideological beliefs and cultural values prop up existing relations of power and control within society” (p. 145).

This privileging of heterosexuality (heterosexism) sends a clear message to non-heterosexual and gender non-conforming youth about the value of their identities. The results can lead to the increased homophobic environments that exist in schools today, and cause these young people to continue to hide in the shadows and deny their identities. Research has even shown that young people who identify as non-heterosexual or are uncertain of their sexual orientation are at greater risk of unprotected sex and unplanned pregnancy than their heterosexual peers (Goldfarb & Constantine, 2011). The impact is even stronger when abstinence-only curricula are implemented.

The message in this case continues to be that sex is only appropriate within the confines of heterosexual marriage. Since these young people potentially see no chance of ever being married due to some current state and federal laws, the message becomes even more harmful as these young people see no way of appropriately expressing their sexuality (Goldfarb & Constantine, 2011). The history of U.S. educational policy is equally important to understand on a broader level, as it directly impacts the formation of sexuality education policy, and those individuals served (or not served) by those policies.

History of U.S. Educational Policy

In order to understand the impact of federal and state sexuality education policies on local school district implementation, it is important to understand the broader educational policy context. School districts operate within a broader political, social, cultural, and financial environment, and are also impacted by their own internal administrative and relational cultures (Kendall, 2008). Federal and state policy decisions have a direct impact on the time, energy, and attention given to sexuality education. As such, those decisions can broaden or narrow the focus provided in any given school district, all the way down to the classroom level. Once policy reaches the local level, varying degrees of empowerment to enact the policy have been demonstrated on the part of school actors, referring in part to a lack of preparation and resources (Kendall, 2008). Thus, I situate this dissertation partially in the history of U.S. educational policy.

A great deal of discussion currently exists with regard to educational policy reform as a means to improve student success. For many years now, proponents of

systemic reform have argued for the alignment of key state and national instructional policies in support of student learning outcomes and standards (O'Day & Smith, 1993; Smith & O'Day, 1991). In this perspective, standards are established at the national level and control is given to the local schools. As such, school districts have at times not been featured at all (Spillane, 1996). More so, some reformers even caution districts from taking too much control from individual schools (Smith & O'Day, 1991).

Historically, administrative controls, as well as day-to-day decisions within the public schools, have rested with local communities. The constitution of the United States made no mention of education as a whole, instead insisting on state control, and states delegated that responsibility to local lay community leaders. As a result, up through the 1950s, public schools saw strong local community control, and the belief that educational policy should be handled by local communities (Spillane, 1996). This belief slowly began to shift as a result of three major events in the 1950s, and these events would profoundly change the trajectory of educational policy and usher our educational system into an era of increasing state and federal oversight.

As the 1950s began, the baby boomers were just beginning to enter the public schools. Previous influence from the progressive education movement was fading, in part due to the influence of the Great Depression and World War II, which had shifted the societal mindset in a number of ways. In addition, racial unrest and increased poverty within the inner cities, in large part due to the financial red lining, had recast previous notions of community. Fears of Communism and the constant presence of Cold War politics drastically changed the American psyche as well. Throughout these shifts, belief

in local community control of schools remained strong. This began to change with (a) the *Brown v. Board of Education* desegregation decision by the U.S. Supreme Court in 1954, (b) the 1957 *Sputnik* launching by the Soviet Union and the resulting fear that led to an increased emphasis on math and science, typified by the passing of the National Defense Education Act (NDEA) in 1959, and (c) the militant unionization of teachers, symbolized by the 1960 strike by the American Federation of Teachers in New York (Mitchell, 2011).

These dramatic changes served as catalysts for what emerged as more than a half century of educational policy change that not even the most astute of observers could have predicted. In 1965, Congress passed the Elementary and Secondary Education Act (ESEA) as a part of President Johnson's War on Poverty. This landmark piece of legislation continues to serve as the largest source of federal aid to schools. ESEA included Title 1, which provides federal funding to support schools that serve predominantly children in poverty (Sorace, 2010).

These changes in education policy came as a surprise to many at the time. Even for the most astute scholars in 1950, the shift in education policy that occurred in the preceding years would have been a shock. "The first big surprise is that the federal government could penetrate the gospel of localism in America and adopt programs of general support for public schools" (Mitchell, 2011, p. 5). The emphasis on civil rights in the 1960s gave way to a surprising focus on accountability for educational outcomes as well. A third surprise was the shift in control of public school enrollments by family choice (Mitchell, 2011). In addition, there has been a significant degree in the overall

nationalization of education policy, which has in part impacted the preparation and supervision of teachers.

The U.S. Department of Education (DOE) was created in 1980, and brought together a collection of existing offices related to education⁴. Although this decision, initiated by President Carter, did bring together federal education efforts, no additional power was granted over the educational system towards enacting policy change or implementation. Additionally, the DOE immediately came under fire with the election of President Reagan who installed William Bennett as secretary whose primary goal with to eliminate the DOE. Ultimately, however, the DOE remained in place. Following the establishment of the Department of Education, the National Commission on Excellence in Education was established in 1981 to “examine the quality of education in the United States” (A Nation At Risk, 1983). The commission released its report, *A Nation at Risk*, in 1983.

The report focused on four specific areas of public education. First, the commission examined content, and it noted that the content of curriculum was unfocused. The report stated that “25 percent of credits earned by general track high schools students are in physical and health education, work experience outside the school, remedial English and mathematics, and personal service and development courses, such as training for adulthood and marriage” (A Nation at Risk, 1983). These comments represented a strong critique of public health items that had once been seen as crucial to a public school education.

⁴ Prior to this time, education was subsumed within the then called U.S. Department of Health, Education, and Welfare.

The second area of consideration was expectations. The commission noted that too few states had clear expectations regarding what students should be learning. The report also indicated that most minimum competency tests fell far short of what students needed to know. The commission then turned its attention to time and indicated that students were spending far too little actual time on schoolwork. The average school provided only 22 hours a week of actual instruction.

The final area of consideration was teaching. The commission focused on recruitment of new teachers and preparation of new teachers. They found that not enough highly qualified individuals were becoming teachers, with a high percentage of teachers coming from the bottom 25 percent of high school classes. They also found pre-service teacher education to be lacking. Overall, this report laid the groundwork for future reform efforts, especially with regard to achievement, testing, and standards-based reform (Sorace, 2010).

The next federal policy initiative came in 1994 with the reauthorization of ESEA, which was renamed Improving America's Schools Act (IASA). This legislation, combined with Goals 2000: Educate America Act, which also passed in 1994, provided states with greater flexibility in how they utilized Title 1 funding. The legislation also required increased standards, assessment, and accountability. However, the actual enforcement of these requirements did not manifest over the next eight years. To a significant degree, a rift developed between "policy talk" and "policy action" (Tyack & Cuban, 1995).

The passage of *No Child Left Behind* in 2002 changed the federal government's ability to enforce legislative requirements. Under NCLB, funding was tied directly to school performance, and continued to provide Title 1 funding, which had begun with the ESEA. The ultimate goal of NCLB was to increase accountability of schools to ensure students' academic success. Rod Paige, then U.S. Secretary of Education, stated that the focus of NCLB "is to see every child in America--regardless of ethnicity, income, or background--achieve high standards" (U.S. Department of Education, 2003).

NCLB required annual testing, academic progress checks, state-issued report cards, and increased teacher qualifications. Although supporters point to increased test scores as evidence of the success of NCLB, many detractors feel as though too much emphasis was and continues to be placed on testing and "teaching to the test" (Pearlman, 2001). Additionally, although sexuality education curriculum is not measured by Annual Yearly Progress (AYP), NCLB has specifications included in it that prohibit schools who receive NCLB funding from offering "programs or courses of instruction directed at youth that are designed to promote or encourage sexual activity" (United States Department of Education, 2002, section 9525). NCLB initially expired on September 27, 2007, and it is currently awaiting reenactment and is operating under a continuing resolution. Congress continues to debate the reauthorization of the bill, debating questions of increased accountability beyond testing.

In February 2009, President Obama signed into law the American Recovery and Reinvestment Act (ARRA), which was designed to kick start the economy via strategic investment. Several educational initiatives were included in the ARRA, including Race

to the Top (RttT), which was designed to encourage investment in America's schools. This competitive grant processed eventually awarded over 4 billion dollars to eleven states (Delaware, Florida, Georgia, Hawaii, Massachusetts, Maryland, North Carolina, New York, Ohio, Rhode Island, and Tennessee) and the District of Columbia after a detailed application process. The program aimed to continue previous innovation, as well as prompt states to design their own approaches to reform, focusing on five key areas (The White House, 2009):

- Designing and implementing rigorous standards and high-quality assessments
- Attracting and keeping great teachers and leaders in America's classrooms
- Supporting data systems that inform decisions and improve instruction
- Using innovation and effective approaches to turn-around struggling schools
- Demonstrating and sustaining education reform

RttT also focused on other innovation areas, including increased support for successful charter schools and encouraging more emphasis on math and science education. Thus far, the success of RttT has been mixed in various states (Boser, 2012). However, the competition itself did spark various educational reforms around the country before grants were even awarded (Boser, 2012).

Taken together, NCLB and RttT can be viewed as representing a marked shift from "social democratic to neoliberal policies that has been occurring over the past

several decades, a shift accompanied by both discursive and structural changes in education and society” (Hursh & Martina, 2003, p. 2). These policies are bolstered by the neoliberal belief that the rise of globalization leaves us with no choice but to focus on testing, accountability, and choice (Hursh, 2007). They further argue, “that standardized testing will increase educational opportunity and ensure greater assessment objectivity than teachers provide” (Hursh, 2007, p. 494). While these discussions take place, debates over privatized education, the role of poverty in schooling, and the broader purpose of schooling go unanswered. These arguments are also linked to continued feedback from businesses that public schools are not doing enough to train knowledgeable employees and these troubled schools can only be fixed through the competitiveness of the market (Lipman, 2004).

In March 2010, President Obama released *A Blueprint for Reform: The Reauthorization of the Elementary and Secondary Education Act*, which included his specific recommendations for revisions to NCLB. The revisions focused on providing states with increased funding for a broader range of assessments to evaluate advanced academic skills, as well as examine students’ ability to think critically and utilize technology to problem solve (United States Department of Education, 2010). In addition, Obama is proposing the lessening of stringent accountability punishments to states by focusing more specifically on student improvement through accurate assessment based on a wide range of special needs. Support would increase for improvement beyond reading and math scores as well (United States Department of Education, 2010). In 2012, Obama granted waivers to 32 states on the condition that they “have agreed to

raise standards, improve accountability, and undertake essential reforms to improve teacher effectiveness” (CNN, 2012, para. 3). The state of Iowa did not apply for an exemption.

Over this time period, the societal desire to “fix” the public schools in order to keep up with the rest of the world resulted in significance changes. Douglas Mitchell (2011) sums these changes up by stating that “education policy and the politics driving policy changes moved dramatically:

1. From a logic of productive processes, to a logic of confidence, to a logic of accountability for outcomes;
2. From a focus on resources and inputs to a focus on outcomes and achievement;
3. From teachers as civil servants to teachers as organized employees;
4. From *in loco parentis* student management to students with constitutional rights;
5. From little federal concern to No Child Left Behind federal dominance;
6. From education as cultural belief to evidence based educational treatments;
7. From student tracking and achievement gaps to disaggregated Annual Yearly Progress monitoring;
8. From educator professional control to civic political domination of school governance;

9. From education as secular gospel to education as national security and economic necessity” (p. 5)

The overall shift in control of schooling from the local community to state and federal governments, especially with respect to funding, evolved during a time in U.S. history that saw greater distinctions between the communities affected. The urbanization of major U.S. cities, accompanied by the “White flight” of middle-class White Americans to the suburbs, created significant gaps in definitions of community. Despite the increasing differences in community dynamics, the universalizing of educational policy and funding meant that all communities were treated more-or-less the same, despite distinct differences.

Currently, there are approximately 50 million public school students in the United States, with 70 percent in grades K-8, and 30 percent in grades 9-12. They are enrolled in over 98,800 public schools in approximately 13,600 school districts around the country. During the 2012-2013 school year, public elementary and secondary schools spent about \$571 billion, and the average current expenditure per student was projected at \$11, 467 for the school year. In the state of Iowa, there are about 500,000 public school students enrolled in approximately 1500 schools. See Appendix D for a full state profile.

Overall, educational policy creation and implementation is a highly political process. Levin (2008) asserts that curriculum politics should be understood in the context of the overall process of government. As a result, several dynamics end up shaping policy implementation. First, it is important to

understand that voter interests drive everything. Levin (2008) makes it clear that every government is always thinking about how to get reelected, and responding accordingly with policy decisions.

Additionally, it is important to understand that governments have limited control over the policy agenda. Governments are in reality working with policies designed by the previous administrations. “Governments try to do everything all at once because that is what citizens and voters require of them” (Levin, 2008, p. 10). The challenge of balancing competing policies and directing a coherent policy agenda is daunting to say the least. With so much information to consider, there is rarely enough time to tackle every issue. Priorities need to be made and will never make everyone happy.

The impact of real people and beliefs on policy implementation is also crucial. Large portions of governmental decisions are made as a result of who happens to be in critical positions at any given time (Levin, 2008). Throughout the process, consistent opposition to every decision also has an impact on policy. In the end, most politicians also hold true to the understanding that beliefs are more important than facts. “Educators may believe that education policy should be based on their knowledge and experience. From a political perspective, however, evidence and experience are not enough to drive decisions, and they may be among the less important factors” (Levin, 2008, p. 13). Nonetheless, that research has had a significant impact on educational policy implementation as a whole.

The Educational Policy & Curriculum Process

Educational policies, or the curricular and implementation decisions made, are influenced in large part by governmental factors, as previously illustrated. Various issues, actors, processes, and influences factor into the educational policy process. Most curricula are organized around general and more specific learning objectives (Levin, 2008). The politics and policy choices made have been increasingly related to a larger focus on overall school change as well. The increasing role of government in education (Fullan, 2000) has meant curriculum is less a discreet entity and more an element of comprehensive change. This has created an interesting dichotomy as the U.S. espouses a national educational reform strategy (NCLB), but educational policy decisions are still largely left up to local implementing agents.

This distinction continues to cause curriculum debates that influence educational policy implementation. Curricular discussions largely focus on the overall shape of school curricula and the content of specific subjects (Levin, 2008). This is especially important to the discussion of sexuality education policy implementation, as little consistency exists in either regard.

As a result, various discussions emerge with regard to sexuality education policy implementation. The first is a matter of pragmatics. “There simply are not enough hours and days in 12 years of schooling to accommodate all the areas people want children to develop” (Levin, 2008, p. 14). As such, sexuality receives less time and attention than other curricular areas. The second discussion is one of

values, which have previously been addressed. Schooling is seen as fundamental to our children's development, which can result in larger social arguments. "Thus, people will disagree about whether particular content should be part of school curriculum at all. Sex education is one obvious example, but significant philosophical or value disagreements are also expressed in many other areas" (Levin, 2008, p. 15).

One important element of the politics of education is the fact that everyone has gone to school so everyone feels personally knowledgeable. People's personal experiences have a large impact on their views of the educational system. In addition, issues of content and teaching practice cannot be easily separated in discussions. Educators and what they believe are an important element.

As a result of various perspectives, numerous actors play a role in curriculum politics, and thus influence educational policy. With all of these actors, the question of authority over curriculum becomes important (Levin, 2008). Various governmental officials at all levels, along with teachers, principals, senior administrators, and local authorizes, all end up weighing in on educational policy and curricular choices. In addition, subject matter experts from schools and universities can play a large role as well (Levin, 2008). Levin (2008) also points out that postsecondary institutions often have a large influence on curriculum as well, in setting entrance requirements. Not surprisingly, sexuality education is not a prerequisite for college admission, although perhaps it should be!

The process of developing curricula that can be used to effectively implement educational policy is no small task. The decisions depend on governance systems, as indicated earlier. The goal becomes balancing expertise with usability (Levin, 2008). If the curriculum is not usable, then implementing agents will have a hard time enacting the prescribed policy.

Often, the curriculum developed is very different from the one delivered (Cohen & Spillane, 1992). Expert input into these decisions has increased, often resulting in competing views (Levin, 2008). This is true of sexuality education (Fields, 2008; Luker, 2006). The body of literature examining how educational policy implementation research has been viewed is thus important to understanding not only the specific perspectives of the implementing agents in this dissertation, but the rationale for the way in which their perspectives were examined in this dissertation.

Education Policy Implementation Research

A significant body of scholarship addresses issues of policy formation and implementation from various conceptual positions (Bascia, Cumming, Datnow, Leithwood, & Livingstone, 2005; Hargreaves, Lieberman, Fullan, & Hopkins, 1998). Generally speaking, education policy research and practice has amounted to the search for implementable policies that resemble actual designs, and successful policies that produce desired improvements in student performance (Honig, 2006). Implementation scholars have provided a range of explanations for how policy is implemented, focusing on the nature of social problems, the design of policy, the

governance system and organizational arrangements in which policy operates, and the ability of the agents responsible for implementing policy (Spillane, Reiser, and Reimer, 2002).

The first review of research on curriculum implementation was published more than thirty years ago (Fullan & Pomfret, 1977). The term *implementation* was a fairly recent addition to the education research vocabulary at the time, but important following Goodlad and Klein's (1970) *Behind the Classroom Door*, which found a significant gap between educational policy and what was actually happening in the classroom. At the time, Fullan and Pomfret (1977) defined "implementation" as "the actual use of an innovation or what an innovation consists of in practice" (p. 336). Out of their work came the distinction between "fidelity" (whether the innovation is being implemented faithfully as intended by the developers) and "mutual adaptation" (when users adapt or alter the innovation to meet their own needs), as well as the suggestion that implementation was multidimensional (materials, skills and behavior, and beliefs and understanding) (Fullan, 2008).

Fullan (2008) discusses recent work in implementation as occurring in two phases. Phase one (1995-1997) focused on innovation, and the second phase, which is still going on, is looking at how curriculum change can be seen as part of system reform. He makes it clear that adopting new policy is far easier than implementing it, which makes the role of implementing agents in sexuality education policy crucial to reaching student outcomes. The goal seems to be to

adjust culture in order to get at the heart of changing behaviors and beliefs, and this has proven far more difficult than first thought (Ball & Cohen, 1999; Oakes, Quartz, Ryan, & Lipton, 1999; Spillane, 2004; Stigler & Hiebert, 1999).

A lack of teacher training and professional development, lack of depth of content, and a rush to adopt new structures and strategies without considering implications all seem to have a significant impact on the way in which a policy is implemented (Donovan, 1998). Ball and Cohen (1999) point out that while a significant investment is made in staff development, a majority of the content is intellectually superficial and disconnected from the curriculum. Stigler and Hiebert (1999) further demonstrate that much of the curricular content is low-level and does not delve into the deeper intellectual needs of students. Oakes et al. (1999) and Spillane (2004) both reinforce this focus on superficial content and understanding, which inhibits effective policy implementation, and student learning as a result.

Various individual and group agendas, including the federal and state governments, school districts, local government offices, and community organizations now flood the education policy landscape, all converging on schools simultaneously (Honig & Hatch, 2004; Knapp, Bamberg, Ferguson, & Hill, 1998). “Attempting to change what counts as teaching and learning in K-12 schools, reformers are using public policy to press for fundamental and complex changes in extant school and classroom behaviors” (Spillane, Reiser, & Reimer, 2002). This

collection of individual and group motives has a direct impact on the overall landscape of education policy implementation.

Further, many discussions focus on rational choice theories. In this theoretical context, a principal requires the help of an agent in order to achieve a desired outcome. In this scenario, the agent is guided not by self-interest, but by utility maximization (Spillane, Reiser, and Reimer, 2002). Rational choice theory assumes the choice is at the center of an individual's life, and no interaction occurs between the individuals' choices (Moessinger, 2000). Individual choices are thus not considered to emerge as contradictory (Moessinger, 2000).

Within a rational choice theory perspective, implementation failure can be seen as the result of a lack of clear outcomes or supervision of goals on the part of principals (Spillane, Reiser, and Reimer, 2002). Local implementation can then be undermined by the inability of state or federal policymakers to craft clear and consistent directives concerning desired behaviors on the part of implementing agents (Mazmanian & Sabatier, 1981; Pressman & Wildavsky, 1974; Van Meter & Van Horn, 1975; Weatherly & Lipsky, 1977, as cited in Spillane et al., 2002). When the responsibility for policymaking is not clearly identified, it can also send mixed signals about who is ultimately responsible (Cohen & Spillane, 1992; Porter, Floden, Freeman, Schmidt, & Schwille, 1988; Spillane, Reiser, & Reimer, 2002).

Lastly, many explanations focus on the limited ability of implementing agents to change behavior when they are not in agreement with the policy. Agents

can simply fail to notice a policy change or blatantly ignore it if it is inconsistent with their own interests (Firestone, 1989). Thus, “policies that fit their agendas are more likely to be implemented, and those that do not are more likely to be either opposed or modified so they do fit” (Spillane, Reiser, and Reimer, 2002, p. 390).

What has become clear is that thorough analysis involves not just what works, but also under what conditions these policies work at any given time. The interaction of people and places with policy has a direct connection to overall success. As such, Honig (2006) asserts, “implementation research should aim to reveal the policies, people, and places that shape how implementation unfolds and provide robust, grounded explanations for how interactions among them help to explain implementation outcomes” (p. 2).

These conventional approaches to policy implementation research have limitations. Most approaches assume that the implementers understand a policy’s intended messages, or a failure to understand is the result of an unclear policy (Spillane, Reiser, & Reimer, 2002). Despite the prevalent belief that the failure of policy is the result of intentional decisions on the part of implementers not to adhere to policy, studies have indicated that teachers and school administrators typically do work hard to implement policies (Firestone, Fitz, & Broadfoot, 1999; Guthrie, 1990; Hill, 2001; Wolf, Borko, Elliott, & McIver, 2000). Thus, Spillane et al. suggest that if the assumption is made that implementing agents understand what is asked of them, then conventional theories fail to account for the complexities of human sense-making (2002).

This focus on sense making can illuminate the complexities of policy implementation. “Sense-making is not a simple decoding of the policy message; in general, the process of comprehension is an active process of interpretation that draws on the individual’s rich knowledge base of understandings, beliefs, and attitudes (Carey, 1985; Markus & Zajonc, 1985; Rumelhart, 1980; Schank & Abelson, 1977, as cited in Spillane, Reiser, and Reimer, 2002, p. 391). Ultimately, the complexities of the human brain make the process of sense-making difficult and complicated. These complexities can have a direct impact on the policymakers’ ideas about changing local practice. Despite these connections, the means by which implementing agents come to understand policy, and the consequences of those understandings, are rarely examined.

The relationship between people, places, and policy has been well documented in the education policy implementation literature (Elmore, 1983; Honig, 2006; Odden & Marsch, 1989; Sizer, 1985) and models of implementation have been developed to address this intersection (Goggin, Bowman, Lester, & O’Toole, Jr., 1990). This focus has led to current trends in research, which are more comprehensive in nature, aim to uncover the various interactions between these forces, and look past the assumption of universal truths in implementation to a more post-structuralist perspective (Honig, 2006).

At the heart of education policy implementation are the goals, targets, and tools. By goals, I refer to the overall intent of the policy. Earlier policy focused on helping specific groups of students to succeed and reach minimum standards,

whereas current policy has become more focused on all students reaching a high level of achievement. As such, the targets for policy implementation, or those individuals meant to be changed, have expanded to include not only school staff, but also people and organizations at all levels of the educational system.

As a result of this expansion, the tools used for policy implementation have expanded as well. Early on, federal mandates provided a majority of the mandates for change, but this has expanded a great deal (McDonnell & Elmore, 1991). In addition to these mandates, McDonnell and Elmore (1987) identify three other categories of policy instruments as inducements, capacity building, and system changing. “Inducements” refer to compensation for effective performance (Datnow & Park, 2009). “Capacity building” refers to monetary investments directly tied to developing material, intellectual, and human capacity (Datnow & Park, 2009). “System changing” is in regard to mechanisms that can redistribute formal authority and decision-making.

Datnow and Park (2009) also add “symbolic leverage” to this list. By this, they are referring to the means by which agents might attempt to influence policy and gain increased legitimacy through rhetoric and ideas. This expansion in goals, targets, and tools has meant that schools, districts, and states now have to manage ever-increasing numbers of policies (Chrispeels, 1997; Hatch, 2002; Honig & Hatch, 2004; Knapp et al., 1998; Newman, Smith, Allensworth, & Bryk, 2001, as cited in Honig, 2006). The diversity of goals, targets, and tools can make implementing policy a mind-boggling experience.

Honig (2006) identifies the three dimensions of contemporary education policy implementation as (1) policy, (2) people, and (3) places. She indicates that whereas previous policy implementation research has focused on revealing that these three dimensions affect implementation, current research aims to investigate how and why interactions among these three dimensions impact policy implementation. Elaborating on the specific details of these three dimensions becomes crucial to understanding the policy being analyzed.

Policy

As previously mentioned, current policy designs consist of goals, targets, and tools. Goals tend to differ by scope, with policies aiming to impact all schools in a district differing from those that seek to impact specific schools. In addition, “policies that focus on changes in the short term have different consequences in implementation than those that allow for a longer implementation horizon” (Honig, 2006, p. 15). Goals can be more or less difficult to attain depending on where implementing agents are at in terms of their starting capacity for change (Mintrop, 2003). Thus, implementing agents’ ability to adapt to new policies may differ depending on their personal schemas and context.

Policy targets, or those individuals and organizations identified as needing change, have an influence on implementation separate from that of the goals established. Researchers have established that individual implementing agents that have more to gain or lose from policy changes can have a more significant impact on how other agents are collectively influenced for or against change (Hess, 2002;

Malen & Rice, 2004; Stone, 1998). In addition, how various groups are labeled within policy designs can send clear messages about the targets' value, and thus influence policy outcomes (Mintrop, 2003; Schneider & Ingram, 1993; Stein, 2004, as cited in Honig, 2006).

Lastly, tools, or underlying levers of change employed by policy makers, can exert influence on policy implementation. As a result, policy goals can be met with different degrees of resistance in different groups, depending on implementing agent motivation, ability, and incentives (Mintrop, 2003). The level of resistance can in part be the result of the approach to policy implementation. Prior to the 1990's, a top-down approach formed the basis for a majority of policy implementation. However, since then there has been a shift towards more bottom-up approaches to change. These approaches are much more dependent on the starting capacity of implementing agents, as well as district offices and schools (Honig, 2001).

People

The principal-agent theory has been the focus of a great deal of implementation research. Both the principal and the agent are motivated by self-interest. Rational choice theory, which seeks to explain their motives, "assumes that choice is at the center of an individual's life, that there is no interaction among individuals' choices or preferences, and that all choices can be reduced to personal interest or utility maximization" (Spillane, Reiser & Reimer, 2002). In this view,

individual preferences are not considered vague or contradictory at any point (Moessinger, 2000).

The people who act as implementing agents have a significant impact on the overall implementation of educational policy (Spillane, 1998). Those identified as the targets of policy can respond in a variety of ways. Additionally, a wider array of individuals are being considered as important to policy implementation, including those outside the formal education system, such as parents, youth workers, health and human service providers, and comprehensive school reform designers (Honig et al., 2001, as cited in Honig, 2006; Lindau et al., 2008).

Local implementing agents ultimately define policy to fit within the contexts of local agendas and situations (Berman & McLaughlin, 1977; Lipsky, 1980; Majone & Wildavsky, 1978; McLaughlin, 1990). More specifically, a wide body of research exists that identifies school district administrators' support as key to the success of local policy implementation (Berman & McLaughlin, 1977; David, 1990; Elmore & McLaughlin, 1988; Huberman & Miles, 1984; Louis, 1989; Rosenholtz, 1989). This influence has been increasingly found to be crucial to the success or failure of policy implementation (Honig, 2009). Despite this, researchers have not given significant attention to how these agents understand the policy they are being asked to implement.

Researchers are also focusing on people not formally named as targets of policy. These individuals still participate and shape the overall outcome of policy implementation. For example, research has shown that city mayors are playing

increasingly significant roles in the implementation of education policy, both as implementing agents and by influencing state and local school boards (Cuban & Usdan, 2003; Katz, Fine, & Simon, 1997; Kirst & Bulkley, 2000). Additionally, whereas previous research has looked at implementing agents based on formal affiliations, current research is examining sub-groups within formally affiliated groups (Burch & Spillane, 2004; Hannaway, 1989; Honig, 2003; Louis, 1994; Spillane, 1998b).

Additionally, researchers have identified the importance of agents' participation in communities as it relates to the success of policy implementation. This has led to the examination of teacher professional communities and how they shape the way teachers interpret policy messages (Cobb, McClain, Lamberg, & Dean, 2003; Coburn, 2001; McLaughlin & Talbert, 2001, as cited in Honig, 2006). As an example, Hill (2006) argues that teachers are members of various discourse communities that influence their responses to policy changes. Pollock's (2001) research into how teachers mediate racially-charged issues can be similarly applied to sexuality education as a controversial subject.

More relevant still are the findings of Spillane, Reiser, and Gomez (2006). They revealed that implementing agents' identities and experiences extend well beyond their formal professional positions. They go on to argue that individual, group, and distributed sense-making processes explain how agents' draw on particular identities and experiences to impact their implementation choices. These social cognitive processes suggest that the opportunities that agents have to learn

about policy problems, policy designs, and implementation progress shape how implementation itself manifests (Cohen & Hill, 2000; Louis, 1994; O'Day, 2002; Honig, 2006).

Places

In addition to policy and people, the places where policy is designed, discussed, and implemented, are of significance. Various governmental agencies where policy implementation develops have been shown to be important settings (Hamann & Lane, 2004; Lusi, 1997, as cited in Honig, 2006). Further research has examined how school district offices influence policy implementation, and ultimately the agents themselves (O'Day, 2002). Research has been specifically conducted on urban school districts and the political and institutional resources they have for implementation, but similar research examining rural districts is lacking (Kirst & Bulkley, 2000; Orr, 1998; Stone, 1998).

More specifically, a body of research has emerged which examines specific locations in an attempt to understand policy implementation as unique to that location. Researchers have explored the Chicago public schools (Bryk & Sebring, 1991; Bryk et al., 1993; Katz et al., 1997; O'Day, 2002), New Jersey public schools (Anyon, 1997), Baltimore city schools (Orr, 1998, 1999), and New York City public schools (Rasmussen, 2012). As has been demonstrated more generally, a majority of this research focuses on urban areas where ease of research access dominates (Kirby et al., 1994; Visser & van Bilsen, 1994).

How these three dimensions are understood is the result of a specific framework for understanding education policy implementation, of which there are many. They come together to form a framework for understanding policy implementation as a situated process. For the purposes of this dissertation, it is also important to understand how this policy is informed by the specific location in which it is being implemented, namely rural midwestern school districts.

Urban and Rural School Distinctions

In addition to population and population density, differences exist between urban and rural school districts (Brown & Swanson, 2003; McCracken & Barcinas, 1991; Polivka, 1996). These differences have an impact on educational policy implementation as a whole, and specifically on sexuality education. Several of these distinctions are discussed in order to provide additional context for the present dissertation.

Teachers' Qualifications

Teacher recruitment is more difficult in rural and urban areas, where teachers' salaries tend to be lower, due to the socioeconomic restrictions of the community as a whole (Domenech, 2006). Cost-of-living debates are typically connected to teacher qualifications and questions of hiring highly qualified teachers as well. On average, rural teachers are earning 13.4 percent less than urban teachers (Williams, 2003). In addition, rural teachers tend to possess lower percentages of advanced degrees as compared to their urban counterparts (Domenech, 2006).

Technology

Access to technology in rural districts tends to be more limited than in urban districts. The information is ultimately available to districts equally, but the vehicles for accessing the information must be there first. Increased access to technology has been suggested as one avenue to closing many of the educational gaps between rural and urban school districts (Carter, 1999).

Funding

Most public school systems maintain the characteristics reflecting the socioeconomic characteristics of the community they serve (Debertin & Goetz, 1994). Midwestern states tend to rely more heavily on local taxes to fund schools as well. Rural districts typically do not have the tax base of urban districts, which then has a negative impact on overall funding.

Poverty

Overall poverty exists in both rural and urban school districts, but the approach to dealing with poverty concerns differs based on scale and policies. Additionally, the aid that rural and urban districts receive for education may be equal but may not have the same impact on the district as a whole because of other financial needs. Rural school districts may need to allocate more aid towards basic educational needs that are already provided in urban school districts.

Administration

As a result of scale, administrators in urban districts tend to be more specialized, whereas those in rural districts tend to be more educational generalists

because they need to serve in more roles. Administrators in rural areas tend to relate to the community differently as well because they are better known in a small, close-knit community.

Facilities

As a result of funding concerns in both urban and rural school districts, many schools buildings are in need of repair. Rural communities do tend to offer more support when needed, but infrastructure issues remain.

Curricula

One key difference between rural and urban school districts is that course offerings are generally more limited at the secondary level for rural students (Debertin & Goetz, 1994). As enrollment increases, administrators have more flexibility in developing new courses that meet the individual needs of students. Rural curricula are aligned more closely with state mandates. Comparisons between rural and urban curricula are somewhat limited, however (Williams, 2003). In all,

...rural schools suffer disproportionately from inadequate funding, dilapidated buildings, and less experienced and less qualified teachers. Inadequate air ventilation, poor noise control, and the lack of physical security in rural schools rival conditions in large inner city schools and can undermine children's capacity to learn. (U. S. Department of Education, 1999, as cited in Brown & Swanson, 2003, p. 101-102).

Rural Education Context and Policy

The mission of the U.S. public schools is to socialize children into adult life (DeYoung & Lawrence, 1995). This fact, coupled with the reality that schools were originally under direct community control, has direct implications for policy in the wake of our changing community frameworks. Implementing agents in rural settings continue to operate in an educational setting where resources are scarce and the perceived goal is to send students out of the community in order to be successful. As one educator put it,

Our children are our greatest export. We feed them, we clothe them, we educate them, and [then] we send them away to find work. We pay three times in raising them: for their expenses, with taxes to educate them, and then in losing them (DeYoung & Lawrence, 1995, p. 108).

One quarter of our country's school-age children attend public schools in rural areas and small towns with populations of less than 25,000. Fourteen percent go to school in communities with populations of less than 2,500 people (Beeson & Strange, 2000). However, the predominant focus of policymakers and scholars is on urban schools, as well as special education students, second-language populations, and poor and minority students. Certainly, these groups of students deserve our attention and this area of policy warrants careful examination.

However, it is rare for us to read a serious analysis of the specific policy issues facing students living in rural areas (Arnold et al., 2005; Beeson & Strange, 2000).

Generally, rural people are so widely dispersed that they become almost politically invisible. Overall, they make up a demographic majority in only five

states (Maine, Mississippi, South Dakota, Vermont, and West Virginia) (Beeson & Strange, 2000). In addition, rural populations are scattered in a wide range of remote places, each with their own distinct socioeconomic characteristics and policy challenges with regard to level of local control. Traditionally, the “solution” to many of these concerns has been further development of rural areas. However, this focus only serves to eliminate the identity of rural populations, seeking instead to assimilate them into the more urban, developed areas of the country.

Additionally, there is a lack of a precise definition for “rural” across disciplines and other groups (Arnold et al., 2005). Depending on how “rural” is defined, the number of students in rural schools can range from 1.1 million to 11.6 million (Arnold et al., 2005). As Beeson and Strange (2000) argue, “we are an urban society now, one that is pretty sure we know what ‘urban’ is, but not at all sure we know what ‘rural’ is” (p. 63). However, we do know some very important characteristics of rural populations (Beeson & Strange, 2000).

- People continue to choose to live in rural areas as long as they can make a living there.
- Rural America is as diverse as urban America. Minority populations constituted 17% of all rural residents in 1997.
- Rural America is far poorer than metropolitan areas, and almost as poor as central cities. 244 of the 250 poorest counties in the country are rural counties.
- Some of the most urban states are also the most rural states.

There are typically four main definitions of rural cited in the literature (Khattri, Riley, & Kane, 1997). These definitions come from the U.S. Bureau of the Census, the Office of Management and Budget (OMB), the U. S. Department of Agriculture's Economic Research Service (ERS), and the National Center for Education Statistics (NCES). Most generally, the Census Bureau defines "rurality" as a population less than 2,500 (GAO, 1993). According to the NCES, rural schools are then defined based on their proximity to urban areas (Provasnik et al., 2007).

As such, the size and setting and rural schools has a direct impact on the educational environment and the way policy is implemented (Bouck, 2004; de Coste, 2011; DeYoung & Lawrence, 1995; Jennings, 1999). Similarities and differences exist between urban, suburban, and rural schools in terms of educational expectations, resources, teacher preparation and experience, and curriculum (DeYoung & Lawrence, 1995). Each of these areas provides context for the way in which education policy implementation takes place in rural school districts. Overall, rural schools have been shown to be more conservative in terms of education (Bouck, 2004; Boyd & Immeghart, 1977; Sher, 1977).

Rural schools are typically more influenced by the economic and cultural outlooks of their communities than other schools (Arnold et al., 2005; DeYoung & Lawrence, 1995; Seal & Harmon, 1995). They tend to be very close to the communities they serve. Although urban schools have been associated with higher levels of poverty (Anyon, 2003; Kozol, 1992), research indicates that rural school

districts also serve a large percentage of students living in poverty (Hatfield, 2002; Office of Special Education, 1995; O'Hare, 1988), and rural children are more vulnerable to poverty (Rogers, 2001; Swanson & Dacquel, 1996).

Overall, child poverty in rural areas manifests itself differently than it does in more urban areas (Lichter & Eggebeen, 1992; Jensen & Eggebeen, 1994). Rural poverty is also more likely to involve children of married parents, and involve under-employed workers (Findeis, Jensen, & Wang, 2000). As such, "low income and family instability undoubtedly play a part in rural children's cognitive development, achievement aspirations, and academic attainment" (Lichter, Cornwell, & Eggebeen, 1993; Israel, Beaulieu, & Hartless, 2001; Roscigno & Ainsworth-Darnell, 1999, as cited in Brown & Swanson, 2003).

These factors help to explain why rural educational achievement tends to lag behind national norms (Roscigno & Crowley, 2001). Despite these achievement differences, concerns for rural children are typically ignored in favor of urban issues such as segregation, busing, and funding (McGrath et al., 2001; Hobbs, 1991). In addition, lower income levels decrease the expectations that teachers have of students (Capper, 1990, as cited in Office of Special Education, 1995, p. 2). Other researchers (Edington & Koehler, 1987) have shown that smaller communities tend to have more community support, which results in higher student achievement (DeYoung, 1987; McClelland, 1997; Peshkin, 1987; Sher, 1995).

Social variables have been shown to have an impact on the curriculum as well. “Minority status, poverty, and location of schools are shown to be closely associated with certain curriculum priorities in the research” (Alexander, 2002, as cited in Bouck, 2004). Alexander (2002) found that as the percentage of students classified as poor increases, the time dedicated to core courses decreases. High school size has also been shown to impact course offerings, with students from smaller schools being offered less educational opportunities than students in larger schools (Foster & Martinez, 1985; Monk & Haller, 1993). Rural schools tend to offer fewer elective courses, as well as advanced placement courses (Alspaugh, 1998; Edington & Koehler, 1987).

The conservative nature of rural schools also means they are sometimes more insulated from the negative effects of educational “fads” (Houck, 2004). However, this insulation can make policy implementation more difficult and prevent rural schools from actively participating in valuable education reforms (Stringfield & Teddlie, 1991). The lack of equity also means rural schools find it more difficult to recruit qualified teachers, which is a concern shared by urban schools (Arnold et al., 2005; Barker, 1985; Beeson & Strange, 2000; Kozol, 1992).

In addition, the educational preparation of teachers is more limited in rural districts (Arnold et al., 2005; DeYoung, 1987; Monk & Carlsen, 1992; Sterns, 1994). Teachers are more likely to teach outside their content area, which can have a significant impact on the implementation of sexuality education policy (Arnold et al., 2005; Beeson & Strange, 2000). Teachers in rural settings also have less

access to professional development (Arnold et al., 2005; Jennings, 1999; Putnam, 1986; Sparks, 2000; Trentham & Schaer, 1985). Overall, high poverty schools are also more likely to have teachers with less than three years of experience, or employ long-term substitutes (Sparks, 2000). Rural educators also have less access to learning opportunities about policy changes and implementation (Jennings, 1999; Jennings & Spillane, 1996; Spillane, 1993).

Rapid ethnic diversification is also significantly impacting rural schools (Jimerson, 2005). Currently, 22.9% of all rural students are ethnic and racial minorities (Johnson & Strange, 2007). This is a 54.9% increase over the past decade. These changing demographics, along with the added challenges of learners of limited English proficiency, can place strains on schools not prepared for and financed to support them (Jimerson, 2005).

A disconnect in curricula and teacher preparation is evident to students. Students in both rural and urban schools internalize the reality that their teachers expect less of them (Nieto, 2003). Advocates are beginning to emphasize the need for the curricula to meet the overall needs of students (Dziuban & Kysilka, 1996; Ediger, 1999), but administrators must take into account that rural schools serve not only as classrooms, but as cultural and social centers for small towns. A lack of funding and resources in rural districts also means that agents must implement policy amidst a landscape of scarcity.

In addition, economic and cultural contexts have an impact on post-secondary student decisions. Students believe they can compete fully in higher

education settings and view their schoolwork as more important, but face more limited occupational role opportunities (Downey, 1980). They also tend not to branch out into new career areas outside familiar areas, as compared to urban and suburban schools (Haas, 1992). Rural students have also indicated not feeling as supported by parents when it comes to attending college (Cobb, McIntire, & Pratt, 1989). These students felt as though other post-school options, such as getting a job, attending a trade school, or joining the military were more highly regarded. In this way, rural schools more closely reflect and shape the economic and social stratification of their communities.

The assumptions about community impact and dynamics have led to the normalizing of research on urban areas, under the guise that policy impacts communities equally. However, as is the case in many rural communities, the interpretation and adoption of educational policy can be very different depending on the characteristics of the communities. Thus, a more focused assessment of educational policy in rural communities is warranted (Arnold et al., 2005). More specifically, an examination of the negotiation and adoption of federal and state sexuality education policy in rural Midwestern communities is needed to more fully understand the role of these communities in the sexuality education of their youth. As a majority of sexuality education policy research has focused on urban areas, it would seem that a focus on rural areas, and more specifically the implementing agents in these areas, is warranted.

Rural Sexuality Education

A review of the literature indicates a lack of rural education research focusing on health education and school health services (Arnold et al., 2005). Furthermore, research specifically on rural sexuality education is lacking as well (de Coste, 2011; Smith & DiClemente, 2000). However, a small body of literature does exist that examines various aspects of rural sexuality education (Alexander et al., 1989; Barnett & Hurst, 2003;) Overall, the tendency to overlook rural areas in favor of urban areas with regard to sexuality education is not new (Lord, 2003).

Researchers have demonstrated that rates of sexual activity among rural adolescents are equal to or greater than those of urban youth (DiClemente, Brown, Beausoleil, & Lodico, 1993; Hall et al., 2005; Litcher, Rascigno, & Condron, 2003; Yawn & Yawn, 1993, as cited in Polivka, 1996). Aside from the previously mentioned studies, relatively small amounts of research have specifically examined the sexual activity of rural youth, however (Alexander et al., 1989; DiClemente et al., 1993; Jensen, DeGaston, & Weed, 1994; McCormick, Folcik, & Izzo, 1985; Yawn & Yawn, 1987, 1993).

Sexuality education research in rural communities has proved challenging for a number of reasons. A reduced perception of STI risks (Smith & DiClemente, 2000), increased stigma and confidentiality fears related to sexuality (Garside et al., 2002; Noone & Young, 2009), and geographic barriers (Driesbach, 2011; Elliott & Larson, 2004) have all emerged as challenges. Blinn-Pike (2008) has documented barriers caused by implementing agent perceptions of need as well. Rural communities may also

be reluctant to develop sexuality education programs (Stanton et al., 2005). Despite the hesitation by rural communities to acknowledge the need for sexuality education, researchers have demonstrated that high levels of pregnancy rates, STI rates, and risk-taking behavior all suggest the need is strong for rural youth (Haley et al., 2012).

Studies of the effectiveness of sex education programs have typically focused on urban areas (Carter-Jessop et al., 2000; Denny, Young, & Spear, 1999; Kirby et al., 1994; Visser & van Bilsen, 1994). Both local and national surveys indicate that the effectiveness of such programs is dependent on topics covered and varies considerably. Few studies have examined rural sex education programs, and often simply report on their existence without assessing their effectiveness (Chang-Yit, Lippert, & Thielges, 1992; Nelson, 1993; Shapiro, 1989). Small research samples in rural communities have also limited the generalizability of sex education policy implementation studies (Kirby et al., 1994; Vincent et al., 1987).

Barnett and Hurst (2003) evaluated the Life's Walk Program, an abstinence education program for rural youth. The program in northwest Missouri provided an abstinence-only curriculum and was developed with a federal grant made available through the Welfare Reform Act. They note that programs typically focus on "peer pressure and refusal skills, harmful effects from out-of-wedlock births for the child, mother, and society, and the importance of monogamous relationships in the context of marriage" (p. 264). Overall, they found that gains in knowledge and parent-adolescent communication about sexual issues did occur, but attitudes about teen sexual activity were not impacted (Barnett & Hurst, 2003). Sather and Zinn (2002) also evaluated an

abstinence-only program for middle-school students in Nebraska, and found no difference in sexual attitudes or intent to remain abstinence. Kirby (2000) and Card (1999) have also examined abstinence-only programs and found limited evidence of success.

Support for comprehensive sexuality education does exist among rural communities as well (Jordan, Price, & Fitzgerald, 2000; Neuman & Beard, 1989). Sexuality education has also been identified as a community need. However, researchers have shown that implementing agents view rural communities as conservative, with restrictions on the availability of sexuality education for youth (Polivka, 1996). In addition, “there is a common belief that rural youth are somehow insulated from the problems experienced by urban youth by virtue of their geographic isolation, closer family and community ties, and religiosity” (Blinn-Pike, 2008, p. 77). As a result, implementing agents may perceive less of a need for sexuality education, assuming their students are less likely to engage in risky sexual behavior (Blinn-Pike, 2008; O’Donnell, O’Donnell, & Stueve, 2001).

This assumption has created a gap in our knowledge with regard to understanding adolescent sexual behavior. Despite decades of research on sexual behavior, researchers and practitioners still do not fully understand how to prevent high-risk sexual behaviors in rural areas in the United States (Carter & Spear, 2002; Skatrud, Bennett, & Loda, 1998). This has led in part to the U.S. having one of the highest teen birth rates in the developed world (Singh & Darroch, 2000).

Teenage pregnancy rates increased in the United States in 2006 for the first time since 1991, rising by 4% (Federal Interagency Forum on Child and Family Statistics, 2008). Although rates are similar between urban and rural youth, teenagers in rural communities account for a greater percentage of non-marital births (36.2% vs. 29.2%) (Litcher, Rascigno, & Condron, 2003). A full one-third of these pregnancies are to rural youth, yet little attention is paid to this population (McManus & Newacheck, 1989). A majority of the research has been focused on urban adolescents (Blinn-Pike, 2008).

Although researchers have not given the unique characteristics of rural adolescents their attention in as great a detail, some research does exist and is relevant to the examination of sexuality education in rural communities (Blinn-Pike, Berger, & Hewett, 2004; Davis & Harris, 1982; DuRant et al., 1992; Lammers et al., 2000; Stauss, Boyas, & Murphy-Erby, 2012). Blinn-Pike et al. (2004) found that, when compared with urban adolescents, rural adolescents utilized contraception more frequently, spoke with their parents less about sex and were less comfortable doing so, and were not more likely to be virgins. Additionally, Atav and Spencer (2002) found that rural youth were twice as likely as their urban counterparts to have had sexual intercourse. In addition, the challenges in sexuality education implementation in rural communities have been documented (Ahmed et al., 2004; Blinn-Pike, 2008; Jordan, Price, & Fitzgerald, 2000). These varying attitudes indicate the need to examine the implementation of sexuality education in rural communities more closely. This dissertation does just that in the state of Iowa.

Sexuality and Sexuality Education in Iowa

Research concerning sexuality education has been occurring in the state of Iowa for decades. As early as 1960, the common belief in Iowa was that “in this modern age, it is easy to assume that the average high school student has had a reasonably adequate sex education” (Burchinal, 1960, p. 268). More recent attention to adolescent sexuality and sexuality education in Iowa has led to an increased focus on more comprehensive sexuality education policy and a focus on medically accurate information within sexuality education curricula.

The state of Iowa receives money from the Centers for Disease Control’s Division of Adolescent and School Health to conduct the Youth Risk Behavior Survey, and implement effective policies, programs, and practices to avoid, prevent, and reduce sexual risk behaviors among students that contribute to HIV infection, sexually transmitted infections, and pregnancy. The Youth Risk Behavior Survey reported on a number of sexual risk behaviors, among other youth activities. Results indicated that 44% of Iowa youth had engaged in sexual intercourse, 13% had sexual intercourse with four or more persons during their life, and 33% had sexual intercourse with at least one person during the 3 months before the survey. In addition, 39% of youth did not use a condom during last sexual intercourse, 63% did not use birth control, and 16% had not been taught in school about AIDS or HIV infection (Centers for Disease Control, 2012).

Sex education was officially mandated in 1988 when the Iowa State Legislature passed the Human Growth and Development Act. This legislation mandated school districts to develop K-12 Human Growth and Development curriculum. Iowa Code

279.5 requires all Iowa school districts to provide instruction in human growth and development. The law requires that personal development, human sexuality, sex stereotypes and abuse, and sexually transmitted infections be addressed in some appropriate manner and that a representative committee in each district be responsible for recommending the extent and depth of each topic. Appendix E contains the 2013 IA Code § 279.50

Since Section 510 of Title V of the Social Security Act was signed into law in 1998, Iowa has consistently received Title V funding. In February 2008, then Governor Chet Culver made the decision to reject Title V funding, stating that it was too restrictive (Waddington, 2008). The decision went into effect for the fiscal year 2009. The previous fiscal year, 2007, Iowa had received \$318,198 in federal Title V funding.

Iowa now has one of the most comprehensive sexuality education policies of any state. Students must be taught the benefits of abstinence, while also receiving information about the benefits of contraception and condoms. Curricular information must be medically accurate, and the result of peer-reviewed research. Sexuality education is taught in kindergarten through 12th grade.

Iowa law goes into some detail on what must be included in health education by grade. In first through sixth grade, the health curriculum must include characteristics of communicable diseases, including HIV/AIDS (Iowa Code 279.50). This same requirement, in more detailed form, is also required in seventh and eighth grade, as well as in grades nine through 12.

In 2007, Iowa passed House file 611, which mandated that all sexuality education curricular materials must be research-based. Furthermore, the curricular materials must be up-to-date, age-appropriate, and medically accurate. All information must also be free of biases based on race, ethnicity, sexual orientation, or gender. Parents or guardians are permitted to remove their children from any part of health education courses if the course conflicts with the students' religious beliefs. This opt-out policy is common in other states as well.

Although the Iowa policies provide for comprehensive sexuality education, they do not preclude schools from utilizing abstinence-only-until-marriage programs. The current laws do not require that certain topics must be addressed during sexuality education classes. Ultimately, local schools still have control over the materials used as long as they fall within the parameters of the requirements. A full listing of recommended age-appropriate and research-based materials, as provided by the Iowa Department of Education to local districts, can be found in Appendix F.

The 2011 Youth Risk Behavior Survey also reported on the status of health education in the state of Iowa. According to the results, 40% of schools required students to take 2 or more health education courses and 65% had a health education curriculum that addresses all 8 national standards for health education. In addition, 69% taught 8 key pregnancy, HIV, or other STI prevention topics in a required course, and 56% taught 4 key topics related to condom use in a required course. Seventy-seven percent of schools taught how to access valid and reliable health information, products, or services

related to HIV, other STIs, and pregnancy in a required course (Centers for Disease Control, 2012).

The 2010 Iowa School Health Profiles, prepared for the Iowa Department of Education, provided a more in-depth examination of principal and lead health education teacher perspectives on sexuality education as well (Veale, 2011). Based on the survey of lead health education teachers, 89% reported that their school attempted to increase student knowledge in the area of HIV prevention. Additionally, 87% of lead health education teachers reported that their school tried to increase student knowledge in the area of human sexuality. Eighty-two percent of lead health education teachers reported attempts at increasing knowledge about pregnancy prevention. Attempts at increasing knowledge about STI prevention were reported by 86% of lead health education teachers (Veale, 2011).

These attempts at sexuality education content did not, however, necessarily result in sexuality education topics being taught in the classroom. Condom use was of particular interest. In grades nine through 12, 75% of educators discussed condom efficacy, 67% discussed the importance of using them, 58% discussed how to obtain them, and only 53% of educators discussed how to use them (Veale, 2011). In all, only 46% of lead health education teachers indicated that they taught all of the identified sexuality education topics (Veale, 2011).

Further CDC data indicate that the state of Iowa is collectively attempting to address a number of aspects of sexuality education policy and curricula. First, they are

seeking to increase the percentage of schools that address a number of topical areas in a required course taught during grades 9, 10, 11, or 12. Among the topics emphasized are:

- The relationship among HIV, other STIs, and pregnancy.
- The relationship between alcohol and other drug use and risk for HIV, other STIs, and pregnancy.
- The benefits of being sexually abstinent.
- How to prevent HIV, other STIs, and pregnancy.
- How to access valid and reliable health information, products, and services related to HIV, other STIs, and pregnancy.
- The influences of media, family, and social and cultural norms on sexual behavior.
- Communication and negotiation skills related to eliminating or reducing risk for HIV, other STIs, and pregnancy.
- Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STIs, and pregnancy. (Centers for Disease Control, 2012)

In addition to these curricular areas, Iowa is also seeking to adjust other aspects of sexuality education policy implementation. In 2010, a bill was introduced in the Iowa house that would have expanded the current curriculum to include age-appropriate comprehensive sexuality education beginning in kindergarten (www.radioiowa.com). The bill was eventually defeated but it brought to light the need for increased conversation among matters of sexuality education. The inclusion of such materials raised concerns on the part of private school administrators who say the bill would have

violated the moral beliefs of many parents (www.radioiowa.com). Others in Iowa have suggested that parents be required to opt their children into sexuality education courses, instead of opting them out.

The state is attempting to increase the percentage of schools that deliver HIV, STI, or pregnancy prevention programs that specifically meet the needs of ethnic/racial minority youth at risk. This is being achieved through the updating of curricular materials to reflect the populations being served, as well as looking at other means of offering sexuality education services. Lastly, Iowa is attempting to increase the level of professional development for lead health education teachers responsible for sexuality education.

As this review of the literature illuminates, the topic of sexuality education policy is a complex and multi-faceted discussion. Scholars from a wide variety of disciplines have weighed in on current and historical debates, and these discourses have led to the current state of sexuality education policy today. These conversations have very rarely been situated within a rural midwestern context. Previous work in educational policy implementation has been undertaken from a situated cognition theoretical perspective (Spillane, 1998; Spillane et al., 2002). However, this theoretical perspective has not been brought to bear on the topic of sexuality education policy implementation. The following chapter discusses the social cognition theory background and methodology utilized to examine sexuality education policy implementation within this dissertation.

CHAPTER 4

METHODS

Introduction

The review of literature on the history of sexuality education policy, educational policy implementation, and rural sexuality education exposed a gap in research and scholarship about how we understand the implementation of sexuality education policy in rural midwestern communities. My dissertation investigated the sexuality education policy implementation in two rural midwestern school districts in Iowa. My methodological approach to this dissertation was informed by the foundations of qualitative research, and was grounded in a social cognitive theoretical framework. In this chapter, I explain my methodological choices.

First, I discuss the epistemological underpinnings and theoretical framework on which my research study was based. Then, I present the relevant literature on social cognition. I proceed to expand on my methodological approach, and the specific methods I utilize in order to conduct my dissertation, and included a detailed description of my sample. I conclude by expanding on the trustworthiness of my dissertation.

In total, this information provided a foundation for how I answer the research questions I set out to explore. The following questions are explored utilizing the strategy outlined in this chapter:

- How are state sexuality education policies implemented in two small rural midwestern school districts?

More specifically, I sought to understand:

- What are the roles of individual implementing agents in the implementation of sexuality education policy in two rural, midwestern school districts?
- Are there significant individual and group influences on how implementing agents choose to implement sexuality education policy?
- What is the community context in which implementing agents implement sexuality education? How significant is that context to implementing agents' decisions regarding sexuality education policy implementation?
- How is sexuality education policy implementation organized and administered in rural midwestern school districts?

These research questions prompted me to conduct this study. Overall, these questions are about meaning making and my purpose is thus to inquire about the meaning making of the implementing agents in these two rural midwestern school districts. In order to do this, I have assumed a social cognitive framework for understanding meaning making. To inquire into this idea, I conducted a comparative qualitative case study, which allowed me to dig deeper into the specifics of what is happening. I collected evidence through qualitative interviews and document analysis to allow me to understand this process, and to initiate a comparison. These steps insured rigor as a result of the detailed nature of my qualitative interviews and analysis of supporting documents. I have presented potential ethical issues as well.

Epistemological Underpinnings

I approached my dissertation from a constructionist epistemology. I operated on the assumption that the sense making of the research participants (implementing agents),

and thus, the meaning they ascribed to it, was co-created and situated in a particular standpoint. A constructivist epistemology assumes that reality is socially constructed, and that there is no single reality, but rather multiple realities, or interpretations of a single event (Merriam, 2009). This perspective was especially important in looking at how agents make sense of policy. Creswell (2007) further explains constructionism when he explains:

In this worldview, individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences.... These meanings are varied and multiple, leading the researcher to look for the complexity of views.... Often these subjective meanings are negotiated socially and historically. In other words, they are not simply imprinted on individuals but are formed through interaction with others (hence social constructivism) and through historical and cultural norms that operate in individuals' lives. (pp. 20-21)

A Theoretical Framework

Currently, in attempting to change what counts as teaching and learning in K-12 schools, reformers are utilizing public policy to drive forward changes to school and classroom behaviors (Spillane, Reiser, and Reimer, 2002). Numerous frameworks exist in the literature for gaining an understanding of education policy implementation. These varied frameworks provide evidence of the diverse nature of current education policy implementation research. Additionally, these frameworks are consistent with the belief that universal truths cannot necessarily

be found but varying degrees of knowledge can be uncovered, depending on the policy, people, and places in question.

Such frameworks include teacher professional communities as a theoretical lens, political negotiation, and Cultural-Historical Activity Theory (CHAT). Each framework offers a lens through which to examine education policy implementation. A social cognitive perspective provides a comprehensive framework for understanding how sexuality education policy is implemented at the local level.

Scholars have utilized a cognitive framework to examine the policy process in a number of instances (Cook & Brown, 1999; Jobert & Muller, 1987; Lant, 2002; Lave, 1988; Lave & Wenger, 1991; Sabatier, 1998; Surel, 2000). There has also been a documented rise in empirical research on situated cognition in organizations (Lant, 2002; Elsbach et al., 2005). More specifically, cognitive frameworks have been applied to the study of educational policy implementation (Ball, 1994; Cohen & Weiss, 1993; Spillane, 2000). In each of these cases, scholars have articulated the importance of understanding how implementing agents' understand and interpret policy. This understanding has been explored in the context of prior knowledge (Cohen & Weiss, 1993; Guthrie, 1990), social situations and community history (Lin, 2000; Yanow, 1996), professional discourses (Hill, 1999), and informal networks (Coburn, 2001). Spillane, Reiser, and Reimer (2002) build on this work to develop a cognitive framework of implementation.

Social Cognitive Perspective

Generally, Social Cognitive Theory (SCT) developed as a model of behavior based on the work of Albert Bandura (1977a; 1986). SCT focuses on the idea that learning occurs in a social context, and much of what we learn is through observation. SCT relies on three central beliefs. First, a persons' day-to-day functioning is a product of interactions between cognitive, behavioral, and contextual factors. Second, people have the ability to influence their own behavior and the environment in a purposeful, goal-directed fashion (Bandura, 2001). Lastly, learning itself and the demonstration of that learning are two distinct processes.

Albert Bandura's contributions. Bandura's efforts with regard to cognition are based in large part on the broader study of social learning theory (SLT), which asserts that there is a mediator (human cognition) between stimulus and response. Human cognition then places individual control over behavioral responses to stimuli. Various researchers have explored SLT in more detail and have come to different conclusions (Crosbie-Burnett & Lewis, 1993; Jones, 1989; Perry et al., 1990; Thomas, 1990; Woodward, 1982). However, all of them share three basic tenets. The first tenet asserts that response consequences influence the probability that an individual will perform a particular behavior again in a specific situation. The second tenet focuses on the belief that individuals can learn by observing others. The third tenet focuses on the likelihood that an individual will model behavior they observe from someone they identify with more directly.

Bandura's (1977a; 1978; 1986; 1989) behaviorist philosophical approach generally dictates that behavior is shaped by design and determined by forces in the environment. Learning occurs as a result of reinforcing responses to stimuli. This behaviorist approach took a very mechanistic approach to understanding human behavior by examining observable acts as a means of assessing learning, where the continuity between stimulus and response determined the level of learning.

Bandura's theory of SCT examines how children and adults operate cognitively on their social experiences, and how those cognitions then influence their behavior. He was the first to introduce the concept of modeling as a form of social learning, and he also introduced the concepts of reciprocal determinism and self-efficacy. The resulting theory was renamed SCT by Bandura in 1986 to better describe his work, and it most likely distanced himself from the behaviorist approach as a whole.

An overview of Bandura's SCT. Social Cognitive Theory defines human behavior in terms of a triadic, dynamic, and reciprocal interaction of personal factors, behavior, and the environment itself (Bandura, 1977a; 1986; 1989). SCT asserts that an individual's behavior is uniquely determined by the combined interaction of these three factors, and it focuses on the regulation of behavior through cognitive processes. As a result, the responses an individual receives to a behavior are utilized to determine expectations for behavioral outcomes, which can be done before the behavior is done. This focus on cognition posits the mind as

actively constructing reality based on experiences and behavior (Jones, 1989). Feedback and reciprocity then dictate the formation of that reality, and that reality is malleable over time as additional cognitive experiences are added.

Numerous key concepts are important to the understanding of SCT, and have implications for this study. *Reciprocal Determinism* acknowledges that while many diverse information sources influence behavior, they are not all of equal importance. Some sources can be of greater influence on an implementing agent than others, as in the present dissertation. This person-behavior interaction is bi-directional (Bandura, 1977a; 1986; 1989) such that a person's expectations or beliefs may influence their behavior, but that behavior then influences future beliefs, thoughts, and emotions. This bi-directionality also occurs with regard to the environment that an individual is present in. As such, the environment can serve as a catalyst for behavior and emotions (Bandura, 1977a; 1986). Ultimately, *reciprocal determinism* conveys the idea that individuals have control over their destiny but they are not the recipients of total free will.

The concept of *symbolizing capacity* also has implications for SCT. Bandura (1989) asserts that symbols serve as the mechanism for thought, and through the formation of these symbols (images, words), individuals ascribe meaning to their experiences. The creation of symbols also allows individuals to store information in their memory, which is then accessed to assist with the choices in future behavior.

Vicarious Capacity refers to the ability of individuals to learn not only from their own experiences, but also from observing the behavior of others. Bandura (1977a; 1986; 1989) indicates that through observational learning, an individual can develop an idea of how to perform a behavior without performing it oneself. This information gets coded and used as a guide for future action. This belief in modeling has formed much of the Christian Right's objection to comprehensive sexuality education as they assert knowledge of sexuality activity will create sexual activity.

Additionally, SCT asserts that most human behavior is purposeful and regulated by *forethought*. This is an individual's ability to motivate them and guide their actions anticipatorily (Bandura, 1989). Previous experiences play a role in influencing the expectations of future behavior. These cognitive experiences are sometimes more influential than actual stimuli. *Forethought* is translated into incentives, which influence behavior. For teachers and administrators, as implementing agents, prior knowledge and practice has been shown to influence their ideas about changing instructional practice (Cohen & Barnes, 1993; Guthrie, 1990; Jennings, 1992; Spillane, 1996, 1998a). In the context of sexuality education, prior information received from a variety of sources thus has a significant impact on how sexuality education policy is implemented.

Self-Regulatory and *Self-Reflective Capability* also plays a significant role in SCT according to Bandura. He proposes that self-regulatory systems mediate external influences so that individuals have control over their own thoughts,

feelings, motivations, and actions (Bandura, 1989). As a follow-up, *self-reflection* then allows individuals to analyze their experiences and alter their thinking accordingly. Of particular importance is the idea of *self-efficacy*, which is a crucial type of self-reflection in health-related fields. Self-efficacy is a type of self-reflective thought that influences behavior as people develop ideas concerning their own abilities that then influence and guide their behavior by determining attempted actions and the level of effort dedicated to achieving those actions (Bandura, 1977b; 1989). An individual's self-efficacy is thus developed based on their history of accomplishments in a particular area, as well as from their observations of the successes and failures of others, and their own psychological state (Bandura, 1977b).

Lastly, Bandura (1986; 1989; 1991) explores the development of moral agency within SCT. Generally, people develop moral standards from various influences, as is clearly seen in the debates surrounding sexuality education. Social institutions, such as the media, religion, and political organizations, in part develop these standards. Bandura then believes that observation of behavior is a stronger influence than verbal instruction on the development of a child's morals and standards. In a media-saturated environment where public figures are often caught espousing one moral standard and then demonstrating quite another, this contention is of particular importance for our discussion of sexuality education policy implementation. We have seen this illustrated in the exposed indiscretions of political figures such as John Edwards, Mark Sanford, and Anthony Weiner.

Focusing on Situated Social Cognition

Lant (2002) defines situated cognition as the interaction of cognitive schemas and organizational context. In other words, situated cognition is thinking that is embedded in the context in which it occurs. Within this operational definition, individuals and groups in organizations “use identifiable and stable cognitive templates or schemas for understanding and engaging in cognitive activity” (Walsh, 1995, as cited in Elsbach, Barr, & Hargadon, 2005). Schemas are defined as relatively persistent knowledge structures for representing elements and the relationships between these elements (Schank & Abelson, 1977; Dimaggio, 1997).

Schemas serve as simplified representations of knowledge and as a means of simplifying cognition where incomplete information exists (Berger & Luckman, 1967; DiMaggio, 1997). In a sense, they constitute and structure knowledge by making connections between various elements of a situation. “Schemas contain the knowledge to identify an object or objectified concept (what it is and what it is not), to make sense of it (what it does), and to know the relation between its components (how it works)” (Elsbach et al., 2005).

Our examination of schemas in relation to social cognition is due in large part to the work of Jean Piaget. Generally, Piaget asserts that the main purpose of education is “not creating individuals who repeat the same things with their generation, but creating creative and innovational individuals who are capable of doing something new” (Yenice & Aktamis, 2008, p. 857). Secondly, the purpose is

to raise creative minds: people, who can make criticisms, investigate the accuracy of findings, and who do not accept everything they are taught (Honor, 1993, as cited in Yenice & Aktamis, 2008, p. 858). These educational purposes are achieved through Piaget's steps in cognitive development.

Piaget's (1952; 1972) work looks at how information and experiences are organized into mental categories, or schemas. As an individual encounters new information, they expand their present schema with the new information. They attempt to assimilate, or fit this new information into their present schema. If they are unable to initially do this, their cognitive balance is upset and they reach a point of disequilibrium.

They are then forced to adapt their schema to accommodate this new information, which then brings them back to a state of equilibrium, or cognitive balance. These pieces of information can be gathered from any of the five senses. Additionally, this cognitive development can be the result of both social interaction and various levels of maturation.

Piaget (1952; 1972) conceptualizes his theory of cognitive development around four stages of maturation in young people. The sensorimotor stage occurs from ages 0 to 2, and involves learning from each of the 5 senses to imitate, memorize, and think about the world around them. In the second, or preoperational stage, which occurs from ages 2 to 7, the individual is using language symbolically, but is relatively unable to see another's point of view. In the concrete operational stage, from ages 7 to 11, the individual is able to solve

concrete, hands-on problems logically and can retain information as objects change, as well as think backwards. In the final stage, or formal operational stage, from ages 11 to 15, the individual possesses a level of scientific reasoning and assumes everyone shares their thoughts, feelings, and concerns.

Throughout Piaget's work, and cognitive development research as a whole, the concept of the scheme has become central to how we represent understandings of complex ideas for everyday objects and events. "Schemas can guide the processing of cognitive and social information, helping to focus information processing and enabling the individual to use past understandings to see patterns in rich or ambiguous information" (Spillane, Reiser, & Reimer, 2002, p. 394). As a result, schematic knowledge has a significant effect on the organization of ambiguous information (Stein & Trabasso, 1982).

Schema research has also stressed mental models (Gentner & Stevens, 1983). Mental models take schema research a step further to include perceptions of task demands and task performances. These models look at individuals' real-time "theories" and use individuals' errors as a source of information. As a result, these can model real-time problem solving, and help develop strategies for solving problems.

This work has found that people construct intuitive models from their experience; aside from the formal instruction they receive (Greeno, 1989; Vosniadou & Brewer, 1992) and use those models to make predictions about its causes and effects. Researchers have shown that people build intuitive models of

the physical world (Carey, 1985; Smith, diSessa, & Roschelle, 1993) and the world of social interactions (Cantor & Mischel, 1979; Markus, 1977; Nisbett & Ross, 1980). Spillane et al. (2002) thus assert that these intuitive models of learning and classroom interactions should influence how implementing agents interpret reforms and policy changes. This is a key stage in the policy process as a whole.

The premise for this framework is the idea that an individual's situation or social context fundamentally shapes how human cognition affects policy implementation. A recurring theme in cognitive work on comprehension has been the idea that accessing known information to make sense of new information, and has drawn on early notions of building schemas from Gestalt and developmental psychology (Bartlett, 1932; Piaget, 1972). At the core of our understanding of cognition, then, is the belief that new information is always understood in the context of what has already been understood (Brewer & Nakamura, 1984; Brown, Collins, & Duguid, 1989; Greeno, Collins, & Resnic, 1996). This view assumes a cognitivist and constructivist process for understanding new policy in the context of prior information (Resnick, 1991, as cited in Spillane, 1998).

A review of the common situated cognitions described in recent empirical case study research suggests a framework for understanding the interactions between schemas and contexts (Elsbach et al., 2005). The first common theme was that of option attractiveness, or the momentary preference that an agent has for one option versus another. This theme demonstrated the tendency for event schemas

and institutional or cultural norms to come together to produce temporary situated cognitions, leading to the increased desirability of one option.

In the context of educational policy implementation, this theme suggests and implementation agents' choices about how they implement policy changes are impacted by the current institutional and cultural norms within the school, district, and state. Sexuality education beliefs and norms are particularly prone to changes, so policy implementation changes accordingly. Individual outside influences (Fields, 2008) can impact the cultural norms around sexuality education in a particular school setting, leading to immediate changes on the part of implementing agents. Media coverage of sexuality education-related stories can prompt reactions on the part of implementing agents as well.

A second theme present in the interactions between schemas and context suggest that the agent's understanding of key variables relevant to solving a problem is impacted by the physical environment they are in. These varied understandings give rise to transitory understandings of the problem to be solved (Carlile, 2002; Cramton, 2001; Sole & Edmondson, 2002; Tyre & von Hippel, 1997, as cited in Elsbach et al., 2005). This theme may account for differences across districts and schools within districts with regard to how policy is implemented.

The presence of openly gay or lesbian students in a particular school district is a perfect example of this differentiation. When implementing agents are not confronted with this fact, they have the option to overlook the inclusion of

identity issues while implementing sexuality education policy. In many rural communities, young people are hesitant to publicly acknowledge an aspect of their identity that is not consistent with what they perceive to be the norm in their community. This silencing has the added effect of deterring the discussion of identity development in the context of sexuality education.

A third theme involved agents' self-perceptions of distinctive traits they possess. During the sense-making process (Elsbach, 2004; Rafaeli et al., 1997; Weick, 1993, 1996), these traits become relevant when preexisting self schemas, such as workplace identities, are brought to mind in the context of work-related tools or resources, such as curriculum materials. Thus, implementing agents' reactions to the curriculum materials they use to achieve policy implementation goals can impact how they react.

Implementing agents are more likely to feel comfortable with curricular materials that reflect their own values and beliefs. In addition, agents are aware of the values and beliefs of others in the school and district, and respond to the materials accordingly. In addition, workplace identities often reinforce gender stereotypes of implementing agents as educators and can influence how they react to and utilize the curriculum materials they have access to or are provided

Research has demonstrated that despite these connections, schools manage to institutionally separate their formal structure and administration from the core activity of teaching (Meyer & Rowan, 1977, 1978; Weick, 1976, as cited in Spillane, Reiser, & Gomez, 2006). Various organizational relationships can then

directly influence implementing agendas with regard to policy and practice.

Implementing agents' are situated in a variety of these organizational relationships and are influenced simultaneously by them (Spillane, Reiser, & Gomez, 2006).

Ultimately, "what a policy means for implementing agents is constituted in the interaction of their existing cognitive structures (including knowledge, beliefs, and attitudes), their situation, and the policy signals" (Spillane, Reiser, and Reimer, 2002, p. 388). How the implementing agents understand the policy's message(s) about local behavior is defined by how these three components interact with one another (Spillane, Reiser, and Reimer, 2002).

Spillane et al. (2002) focus on three stages to develop a cognition framework. They begin by exploring individual cognition, which seeks to understand how the agent notices and interprets stimuli and how prior knowledge, beliefs, and experiences influence construction of new surroundings. They then move on to the level of situated cognition, in which they argue that the situation or context is vital to gaining a full understanding of the implementing agent's sense making. Lastly, they examine the role of representations by looking at how policy stimuli impacts the implementing agents' sense making. Ultimately, this cognitive framework helps to explain a culture of learning in the context of policy implementation (Brown, Collins, & Duguid, 1989).

Those implementing agents must both respond to policy, but also make meaning of what they are responding to as well. "Individuals must use their prior knowledge and experience to notice, make sense of, interpret, and react to

incoming stimuli—all the while, actively constructing meaning from their interactions with the environment of which policy is part” (Spillane, Reiser, & Gomez, 2006). Generally speaking, cognition is how they make sense of this information based on what they already know or understand (Anderson & Smith, 1987; Confrey, 1990).

Not surprisingly, people pay more attention to information that confirms their pre-existing beliefs (Klayman & Ha, 1987; Spillane, Reiser, & Reimer, 2002). “The implementing agents’ ability to ignore policy is in great part a function of the nature of their work, which involves unpredictable human relations not reducible to programmatic routines or easily regulated and monitored from above by principals” (Cohen, 1988; Lipsky, 1978; Weatherly & Lipsky, 1977; as cited in Spillane, Reiser, & Reimer, 2002). This bias shapes the cognitive process for implementing agents. Ultimately, teachers’ beliefs about subject matter, teaching, students, and learning have an impact on how they interpret state and national standards about their practice.

The first stage, in order to explore individual cognition, examines the implementing agent as sense-maker. In general, individuals incorporate new information based on the existing knowledge they possess (Rumelhart, 1980; Schank & Abelson, 1977; Spillane, 1998). Thus, each agent will come to understand policy differently based on his or her individual experiences (National Research Council, 2000). “Teachers’ prior beliefs and practices can pose challenges not only because teachers are unwilling to change in the direction of the

policy but also because their extant understandings may interfere with their ability to interpret and implement the reform in ways consistent with the designers' intent" (Spillane, Reiser, and Reimer, 2002, p. 393). This is significant because agents must use this prior knowledge to make sense of and react to incoming stimuli, which is often in the form of new policy to be implemented. This generally follows the same pattern as that of general learning and cognition (National Research Council, 2000).

In addition to a focus on prior knowledge, the roles of accommodation (Piaget, 1972) and assimilation must also be considered. Whereas accommodation signifies the role of restructuring existing knowledge, assimilation strives to "make the unfamiliar familiar, to reduce the new to the old" (Flavell, 1963, p. 50). "Thus the sense-making framework implies that learning new ideas such as instructional approaches is not simply an act of encoding these new ideas" (Spillane, Reiser, & Reimer, 2002, p. 396). The means by which knowledge is accessed is also impacted by the degree of sophistication in that knowledge, and the expertise of the agent involved. Experts in a particular area can see deeper meaningful patterns in problem situations that less advanced agents may not pick up on (Chase & Simon, 1974; Chi, Feltovich & Glaser, 1981; Larkin, McDermott, Simon, & Simon, 1980; VanLehn, 1989).

This presents a challenge because agents with less experience may rely on superficial similarity when making judgments about policy. This has implications for the level of training and years of experience of the sexuality educators involved

in implementing policy (Donovan, 1998). Implementing agents who lack preparation in sexuality education may rely more on anecdotal information to inform their policy implementation. They may also be more heavily influenced by media messages about sexuality, and more quickly alter their implementation strategies in response to community beliefs.

Many reform ideas about schooling are steeped in the values and beliefs of various constituency groups invested in the outcome of the schooling process. This is perhaps no more clear than it is with the subject of sexuality education. Thus, the substances of such policies impact the core behaviors of each agent's self-image, and their motivations, goals, and affect come into play in making sense of and reasoning about these reforms.

Goals, affect, and biases can influence reasoning on the part of implementing agents in a number of ways. Existing structures can be very resistant to change, and the personal experiences and beliefs of implementing agents may ultimately weigh more heavily on a final decision than abstract information (Nisbett & Ross, 1980, as cited in Spillane, Reiser, and Reimer, 2002). Agents are also more likely to implement policy that is consistent with their desired outcome (Klayman & Ha, 1987). However, individuals are more likely to critically evaluate policy decisions that contradict their desired outcomes (Edwards & Smith, 1996).

Emotional associations are also crucial to accessing knowledge for making decisions about value-laden issues (Bower & Forgas, 2000; Ortony, Clore, & Collins, 1988). Thus, agents' emotional associations may have a direct impact on

how they make judgments. “As a result, one may persevere in behaviors that have been rewarding in the past or shy away from ideas perceived to be similar to negative experiences, such as unsuccessful attempts at reform teaching” (Spillane, Reiser, & Reimer, 2002, p. 402). Agents are also strongly motivated to maintain a positive self-image, and are thus hesitant to implement policy changes that might suggest their previous work was not successful. When implementing agents do accept policy changes and incorporate them, they may cognitively justify the changes by believing they were ahead of the curve or the problem existed outside of their work (Spillane et al., 2002).

As indicated earlier, sense making is important to understand on an individual level, but it is not strictly an individual endeavor. Situated cognition treats situation as a constituting element of sense-making activity, shifting the level of analysis from the agents’ knowledge to the activity system (Spillane, 1998; Spillane, Reiser, and Reimer, 2002). Situation encompasses everything from national and professional identities to the organizational structures and individual offices people work in. “Implementing agents encounter policy in a complex web of organizational structures, professional affiliations, social networks, and traditions” (Spillane et al., 2002, p. 404). Thus, the social, physical, and cultural contexts are all central in the sense-making process (Brown, Collins, & Duguid, 1989; Resnick, 1991). Macro and micro aspects of the situation are both key to the implementing agents’ sense making.

At the macro level, the “thought communities” or “worldviews” of agents impact how they gather new knowledge (Mannheim, 1936; Resnick, 1991; Vaughan, 1996; Zerubavel, 2000). People often belong to a variety of these communities based on the various facets of their identity, including ethnicity, religion, profession, political beliefs, class, gender, and sexuality. We make meaning of the world around us based on membership in these communities, and develop a unique set of beliefs, assumptions, and expectations (Vaughan, 1996). The institutional working environment and the norms, rules, and definitions it provides also impacts an implementing agent’s work (DiMaggio & Powell, 1991; Scott & Meyer, 1991). This is especially true of schools, where a large body of research demonstrates that they “decouple” formal structure (i.e. administration and management) from core activities (i.e. teaching and learning) (Meyer & Rowan, 1977, 1978; Weick, 1976, as cited in Spillane, Reiser, & Reimer, 2002). Thus, by minimizing the scrutiny of the classroom, the administration avoids external critique, which is especially significant with regard to sexuality education (Meyer & Rowan, 1977, 1978). In other words, by keeping educational discussions focused less on content, and more on outcomes, administrators avoid many of the questions raised by sexuality education curricula.

At the micro level, the immediate environment helps to define the ways that agents make sense of new situations. Agents draw on existing knowledge, both individually, and collectively, to interpret and respond to new policy (Porac, Thomas, & Baden-Fuller, 1989). Social interactions can assist in sense making as

agents learn from one another and encourage each other to think about policy in different and clearer ways. Research on the role of teachers' professional communities in sense making underscores the importance of social interaction as a whole (Coburn, 2001; Stein & Brown, 1997). The engagement of these professional communities does not, however, guarantee that policy will be understood as it was intended (Hill, 2001). In addition, agents can make sense of policy without this interaction if it is not present or available to them.

Language has an important role to play in how agents understand policy as well. It serves as the main means by which policymakers communicate the information they intend for agents to implement. Language, however, is a varied and imprecise tool. "Implementing agents can use the same policy language to represent rather diverse ideas about changing their behavior, and those ideas do not always resonate with the intent of the policy (Hill, 1999; Spillane, 1998).

No common technical language for talking about practice exists, and this disconnect is further exacerbated in discussions about sexuality education by the lack of a common vocabulary for discussing the specifics of policy. A lack of commonly accepted sexuality curricula and national standards means sexuality-related terminology means different things to different people, both locally and regionally. In addition, the formal language of policy does not always accurately convey the more common sexuality vernacular. If you ask 100 people what "sexuality" means, you will get 100 different answers.

Organizational arrangements as a whole also have an impact on state education policy implementation (Wolf et al., 2000). Implementing agents have more opportunities to deliberate in certain organizational arrangements and within certain organizational norms. A lack of opportunity to interact within an organization can thus lead to a wide range of interpretations of policy on the part of implementing agents, and thus lead to discrepancies in implementation (Spillane, Reiser, and Reimer, 2002). These same organizational arrangements impact sense making on the part of administrators at the district level as well (Spillane et al., 2002). Various administrators then have contact with different implementing agents, leading to further differences in ultimate implementation. Eventually, teachers and administrators, as implementing agents, are nested in multiple organizational contexts at the same time (McLaughlin & Talbert, 1993). These situational differences account for a diverse range of sense making on the part of implementing agents.

In addition to these formal organizational communities, informal communities and individual agents' histories also provide a context that affects sense making in implementation. These informal communities may be linked to professional development providers, community organizations, textbook and curriculum material publishers, or other outside consultants. Professional specializations on the part of implementing agents also impact sense making (Clark, 1983; Spillane, Reiser, & Reimer, 2002; Van Maanen & Barley, 1984). The historical context that each agent brings to bare on the policy as they make

meaning of it also impacts implementation. The history of the organization itself, “as embodied in organizational norms and stories, serves as an influential context for implementing agents’ sense-making from and about policy” (Spillane et al., 2002, p. 411).

Overall, social cognitive framework most completely takes into account the complexity of human sense making. Arguments that place blame for the failure of policy implementation at the hands of agents unwilling to fully commit have been proven to incompletely explain failures in implementation where agents work diligently towards success (Firestone, Fitz, & Broadfoot, 1999; Hill, 2001; Wolf, Borko, Elliot, & McIver, 2000). Thus, a more complete understanding of the social cognitive forces present in implementation agents is warranted.

Specific Applications of Social Cognition

I have situated my research within a social cognitive theoretical framework. As the path of education policy implementation leads down to the agents or actors responsible, continuity between policy as written and implementation of said policy becomes especially important. Currently, local officials often have a great deal of discretion with regard to how policy is implemented (Spillane, Reiser, & Reimer, 2002). Ultimately, what sexuality education policy means for the agents responsible for its implementation is a result of the interaction of their existing cognitive structures (knowledge, beliefs, attitudes, etc.), their situation, and the policy signals they receive (Spillane, Reiser, & Reimer, 2002).

Social cognitive theory is based on three main features. First, persons and social settings are viewed as reciprocally interacting systems. This is referred to as the principle of reciprocal interactionism, or “reciprocal determinism” (Bandura, 1978). The second defining feature is the defining units of analysis, which examine how personality variables are developed through experiences with the sociocultural environment. Social cognitive theory differentiates among several distinct cognitive capacities that contribute to personality functioning (Bandura, 1986, as cited in Cervone, Shadel, & Jencius, 2001). The third feature is the notion that social cognitive theory treats personality as a complex, dynamic system (Cervone, 1997, 1999; Cervone & Shoda, 1999).

More specifically, the situated perspective of cognition focuses on systems and asserts that knowing and learning are integrally tied together through specific physical and social contexts (Greeno, 1989; Putnam & Borko, 2000). Simply put, situated cognition is thinking that is embedded in the context in which it occurs (Elsbach, Barr, & Hargadon, 2005). Furthermore, Putnam and Borko (2000) point out that interactions with one’s environment are major determinants of what is learned and how learning takes place. As such, the rural midwestern setting of the school districts examined in this case study and the culture of the surrounding community presumable have an impact on the way in which implementing agents view and ultimately implement sexuality education policy.

Previous research examining situated cognition with potential implementing agents has provided additional insight into the current dissertation. Powell, Sobel, Hess, and Verdi (2001) concluded that the situated cognition of preservice teachers might

influence how they view diversity in the context of rural issues. Powell (1997) also examined how growing up in a broader rural culture impacted the default beliefs and perspectives of preservice teachers. It would stand to reason that a similar impact might be found in implementing agents as well.

In general, researchers have previously portrayed implementation as a process shaped by local agents adjusting policy to fit local agendas and situations (Berman & McLaughlin, 1977; Lipsky, 1980; Majone & Wildavsky, 1978; McLaughlin, 1990). Some level of adaptation is necessary for policy implementation to be successful. Local factors have been shown to have a significant impact on that adaptation process (McLaughlin, 1987; 1990). Overall, Spillane, Reiser, and Reimer (2002) assert that what a policy means for implementing agents is constituted in the interaction of their existing cognitive structures, their current situation, and the policy signals. How the policy message is understood is then defined by the interaction of these three dimensions.

More specifically, the implementing agents' prior beliefs and practices can play a significant role in not only whether a policy is implemented, but also how agents understand themselves to be responding to the policy in the first place (Spillane, Reiser, & Reimer, 2002). All acts of understanding require that agents access prior knowledge and apply it to the new event they encounter (Mandler, 1984; Rumelhart, 1980). In fact, this idea that new information is always interpreted in light of what is already known is fundamental to the nature of cognition (Brewer & Nakamura, 1984; Bruner, 1960; 1961; Greeno, Collins, & Resnick, 1996; Piaget, 1952; 1972; Vygotsky, 1962; 1978).

Furthermore, the interpretation that takes place on the part of implementing agents can be viewed as a constructivist process, whereby the understanding involves an active construction of ideas (Charmaz, 2006; Resnick, 1991). “Constructivists argue that people make sense of, and construct, new information through their prior knowledge and experiences, and that ‘coming to know’ involves the reconstruction of existing knowledge rather than the passive absorption of knowledge” (Anderson & Smith, 1987; Confrey, 1990, as cited in Spillane, 1998, p. 33). In addition, cognition is situated, with the social, physical, and cultural contexts becoming central as a part of the sense making process (Brown, Collins, & Duguid, 1989; Resnick, 1991, as cited in Spillane, 1998). As such, local implementing agents construct what policy is asking of them, and their implementation is a response to that understanding.

In terms of school districts, Spillane (1998) lists individual and institutional agendas, community attitudes, material resources, and time as important factors influencing the local implementation process. Despite the acknowledgment that local interpretation of policy consistently occurs, minimal attention has been given to the process by which local implementing agents come to understand what policy asks of them. A social cognitive theoretical framework provides one way of assessing that sense making process. This framework was central to the methodological approach I undertook in conducting this qualitative dissertation.

Methodological Approach

Qualitative Research

I am conducting qualitative research. According to Neuman and Kreuger (2003), qualitative research is “the systematic analysis of socially meaningful action through the direct, detailed observation of people in natural settings in order to arrive at understandings and interpretations of how people create and maintain their social worlds” (P.78). Furthermore, Denzin and Lincoln (2000) situate qualitative research within the relationship of the researcher to the researched, and indicate that it emphasizes the values present in inquiry.

Qualitative research further seeks to answer questions about how social experiences are created and made meaningful. The idea that individuals in interaction with their world socially construct meaning is key to understanding qualitative research (Merriam, 2002). Furthermore, the world, or reality, is not a fixed, single, agreed upon, or measurable phenomenon as is assumed with most quantitative research (Merriam, 2002). As such, qualitative research was the most appropriate form of research for this dissertation as I was seeking to understand how corresponding implementing agents implemented sexuality education policy. My research additionally sought to understand how the social and political aspects of sexuality education shaped the decisions of implementing agents, which positioned my research firmly in the realm of a critical qualitative approach.

Although there is some agreement on the general definition of qualitative research, there is far less agreement on how it manifests in terms of approach of

technique. Creswell (2007) shares five separate approaches: narrative research, phenomenology, grounded theory, ethnography, and case study. Denzin and Lincoln (2005) provide six strategies: case study, ethnography, grounded theory, life and narrative approaches, participatory research, and clinical research. Even more broadly, Tesch (1990) provides a vastly diverse range of forty-five different approaches, divided into designs. Although there is a significant amount of variety, the approach I have chosen to utilize—qualitative research through case study analysis --is consistent among scholars.

I looked to Esterberg (2002), who defines research methods as “the actual tools or techniques that scholars might use, such as conducting a survey or an interview” (p.19). Methodology, however, is the theoretical and conceptual framework within which research as practice is located (Brown & Strega, 2005). Furthermore, this methodology offers a theory or analysis of how I might go about conducting my research (Harding, 1987).

A Case Study Approach

According to Merriam (2009), any and all methods of gathering data can be used in a case study. In order to uncover social, cultural, and normative patterns regarding sexuality education policy implementation, while also assessing those patterns with a critical lens, I conducted a comparative case study of two rural midwestern school districts. This comparative case study focused on the examination of the case itself, with reference to previous research and implications for future research and policy decisions (Schreiber and Asner-Self, 2011). More specifically, I examined the individual cognition

of the implementing agents, the situated cognition or context these agents existed in, and the role of external representations of the sexuality education policy. Case studies have proven particularly useful in informing policy (Merriam, 2009). Furthermore, case studies have been shown to be an effective tool for examining situated cognition (Elsbach et al., 2005).

A case study is defined as “an in-depth description and analysis of a bounded system” (Merriam, 2009, p. 40). The bounded system in question becomes the “what” of the case, and is viewed as a single entity (Smith, 1978, as cited in Merriam, 2009), or a unit around which boundaries can be erected. The case itself can take the form of a single person, a group, a program, an institution, or a policy. Miles & Huberman (1994) view the case as “a phenomenon of some sort occurring in a bounded context” (p. 25). In the context of this dissertation, the individual rural midwestern school districts comprised the cases.

My decision to utilize the case study methodology was the result of a desire for thick description that accurately and effectively detailed the ways in which implementing agents’ work with sexuality education policy. Stake (1981) states that knowledge gained from case study research is different from other forms of research in four important ways. Thus, the value of case study knowledge exists because it is:

- More concrete--case study knowledge resonates with our own experience because it is more vivid, concrete, and sensory than abstract.

- More contextual--our experiences are rooted in context, as is knowledge in case studies. This knowledge is distinguishable from the abstract, formal knowledge derived from other research designs.
- More developed by reader interpretation--readers bring to a case study their own experience and understanding, which lead to generalizations when new data for the case are added to old data.
- Based more on reference populations determined by the reader--in generalizing as described above, readers have some population in mind. Thus, unlike traditional research, the reader participates in extending generalization to reference populations (Stake, 1981, pp. 25-26).

Merriam (2009) goes on to discuss the importance of the case itself being bounded in order to effectively serve as a case study. There must be a limit to the number of people involved in a case that can be interviewed or observed. "If there is no end, actually or theoretically, to the number of people who could be interviewed or to observations that could be conducted, then the phenomenon is not bounded enough to qualify as a case" (Merriam, 2009, p. 41). In this dissertation, there exist a finite number of implementing agents in each district who directly impact sexuality education policy implementation. Four participants in Circle District and three participants in Square district were interviewed for this dissertation.

Beyond the general description of a case study, it is useful to distinguish between types of case studies. For example, Bogdan and Biklen (2007) differentiate between historical organizational case studies, observational case studies, and life histories. Stake

(2005) identifies case studies based on the researcher's interest--intrinsic, instrumental, or collective. Guba and Lincoln (1981) also point to the usefulness of case study research for evaluation, which is of particular importance for this research study. Furthermore, this dissertation utilizes more than one case, and as such, can be described as a comparative case study. "This type of study involves collecting and analyzing data from several cases and can be distinguished from the single case study that may have subunits or subcases embedded within (such as students within a school)" (Merriam, 2009, p. 49).

The use of two cases allowed for greater depth of content and reflexivity on my part. A focus on reflexivity is a growing trend in case study research (Alvesson, Hardy, & Harley, 2004; Cunliffe, 2003; Hardy, Phillips, & Clegg, 2001; Johnson & Duberley, 2003, as cited in Langley & Royer, 2006, p. 86). "Although reflecting on what one is doing is surely important for any researcher, the nature of qualitative or ethnographic case study research tends to demand it as an element of method" (Langley & Royer, 2006, p. 86). I was, however, cautious so as not to divert the focus away from my research and onto myself (Weick, 2002).

For the purposes of this dissertation, each school district represented a distinct case. This approach has the advantage of creating a more compelling interpretation for the reader. In addition, the inclusion of multiple cases in a comparative format has the added advantage of increasing the external validity and generalizability of my findings (Miles & Huberman, 1994). I was able to compare and contrast the two cases in order to

gain a more thorough understanding of sexuality education policy implementation in these two rural, midwestern communities.

The case study method is also consistent with previous policy implementation research from a social cognitive theoretical perspective (Spillane, 1998). Previous research has found implementation to be a process whereby local agents shape policy to fit local agendas and current situations (Berman & McLaughlin, 1977; Lipsky, 1980; McLaughlin, 1990). In order for implementation to be successful, policy must be adapted to fit local conditions just as those conditions are adapted to fit policy (McLaughlin, 1987, 1990). Furthermore, researchers have argued that local conditions play a central role in the implementation process (McLaughlin, 1987, 1990) and local implementing agents are central to successful implementation (Spillane, 1998). A social cognitive approach allows researchers to understand the decisions those implementing agents make within the context of local conditions (Spillane, 1998).

Sample Selection

Criteria for Participation

Case study sites needed to meet several criteria in order to be eligible for participant. First, I included only school districts in the state of Iowa as possible sites for inquiry. Second, I identified rural school districts in the state of Iowa based on the U.S. census data and definition. A state policy on sexuality education exists in Iowa. Thus, all rural districts were eligible, as they were presumably implementing sexuality education in some manner. Implementing agents in the district needed to be available for in-person interviews, as opposed to email correspondence.

Sample Recruitment

I took several steps to recruit participants for this research study. Once I identified eligible school districts in the state of Iowa, I obtained a database of school district administrators from the State of Iowa Department of Education website. I isolated contact information for eligible school district superintendents, and I sent an initial email briefly detailing the study, and requesting participation (see Appendix H).

In total, I contacted 65 school superintendents to inquire about participation in the research study. Of these, I received initial email responses from 13 administrators. In further discussion with these administrators, several superintendents came to the conclusion that they were unable to assist with the dissertation. Reasons explicitly shared with me for declining to participant ranged from fears about time commitment to not feeling as though they would have anything valuable to contribute. Based on these email conversations, the two school districts identified agreed to participate.

Once an initial agreement to participate was reached, I engaged in further dialogue to arrange for site visits and interviews. South District⁵ was the first confirmed site. I spoke directly with the secondary principal, and arranged for interviews with him, as well as the two educators most directly responsible for sexuality education in the district. In North District, I was referred to the district curriculum coordinator, who assisted me in coordinating my site visit. A more detailed description of each district and participants follows.

⁵ I gave school districts, individual schools, and other research participants pseudonyms throughout this work.

Description of the Sample

This dissertation was conducted in the state of Iowa. As a midwestern state, Iowa served as a representative area for the examination of sexuality education in rural midwestern school districts. As of the 2010 U.S. Census, the state of Iowa had a total population of 3,046,355. The overall racial breakdown of the state was predominantly White (91.3%), with individuals identifying as Black or African American making up the second largest racial group (2.9%). Individuals of any “race”⁶ identifying as Hispanic or Latino make up 5.0% of the state population (U.S. Census Bureau, 2010). This population group has tripled since 1990 and represents a growing student population in Iowa as well. There are a total of 99 counties in Iowa, and 364 unified school districts.

Among Iowa’s total population, approximately 800,000 residents 3 years and over are enrolled in school (U.S. Census Bureau, 2010). Of these, over 226,000 youth between the ages of 15 and 19 live in the state (Advocates for Youth, 2008). Iowa’s teen pregnancy rate is 55 pregnancies per 1000 young women ages 15-19, which is lower than the national average of 84 pregnancies per 1000. Between 1991 and 2005, the teen

⁶ Looking back to the historical emergence of the concept of “race,” critical race theorists remind us that this *concept* arose concurrently with the advent of European exploration as a justification and rationale for conquest and domination of the globe beginning in the 15th century of the Common Era (CE) and reaching its apex in the early 20th century CE (see e.g., Cameron & Wycoff, 1998). Geneticists tell us that there is often more variability *within* a given so-called “race” of humans than between human “races,” and that there are no essential *genetic* markers linked specifically to “race.” They assert, therefore, that “race” is discursively constructed—a historical, “scientific,” and biological myth. Thus any socially conceived physical “racial” markers are fictive and are not concordant with what is beyond or below the surface of the body (see e.g., Zuckerman, 1990).

birth rate dropped by 23 percent, which was below the national average of 34 percent (National Campaign to End Teen and Unplanned Pregnancy, 2008). However, the teen birth rate rose significantly for Hispanic and Asian youth, which was despite a nationwide drop (National Campaign to End Teen and Unplanned Pregnancy, 2008).

In 2008, 6,560 women obtained abortions in Iowa, which was an increase from previous years, and represents 0.5% of all abortions in the United States (Guttmacher Institute, 2010). Iowa law requires one parent be notified before an abortion is undertaken by a minor. In addition, medical professionals may refuse to provide abortions. As of 2006, 91 publically funded family planning centers in Iowa provided contraceptive care to 95,400 women, including 24,800 teenagers (Guttmacher Institute, 2010). Minors may consent to contraceptive services in Iowa as well. As previously noted, the state of Iowa does mandate sex education, as well as STI/HIV education.

In addition to teen pregnancy and birth rates in Iowa, there has recently been a significant increase in the diagnoses of HIV among youth ages 15-24. In total, youth ages 18-24 make up 18 percent of those living with HIV in Iowa (Harms & Walker, 2005). In addition, youth ages 15-19 make up more than one-third of chlamydia cases and one-fourth of gonorrhea cases in Iowa (Iowa Department of Public Health, 2006). Young women were most at risk in these categories, comprising 84 percent and 71 percent respectively of new cases in the state.

As a whole, the state of Iowa has a high percentage of students in rural schools and in small schools, a relatively high percentage of out-of-field teachers (define) serving rural schools, below-average rural teacher pay, and a sharp disparity between

rural and non-rural teachers (Beeson & Strange, 2000). Overall, 31.7% of public school students are enrolled in rural schools. In addition, approximately 36.5% of rural teachers are teaching out-of-field (Beeson & Strange, 2000). Specific descriptions for the two counties where the two school districts studied follow. A summary of the two counties can be seen in table 3.

Table 3

Selected County Demographic Information for Research Study.

| | North County | South County |
|--|--------------------------------|--------------------------------|
| Population | Approx. 11,000 | Approx. 12,000 |
| % Under 18 | 23.2% | 23.6% |
| Race/Ethnicity | 97% White* | 97% White* |
| High School Grad. | 95% | 89% |
| Median Family Income | \$50,000/ year* | \$42,000/ year* |
| Below poverty level (%) | 8%* | 17% * |
| Teen live birth rate per 1,000 female pop. | 17 births per 1000 young women | 41 births per 1000 young women |

Source: U.S. Census Bureau (2013). State & county QuickFacts. Washington, D.C.: U.S. Department of Commerce. Retrieved June 3, 2013 from <http://quickfacts.census.gov/qfd/states/19/19175.html>

Note. Numbers have been rounded to preserve anonymity of school districts.

North County Description

North County covers approximately 600 square miles in the southwestern portion of a midwestern state. The county consists of 10 incorporated communities, and was formally organized in 1851. A full statistical description of North County can be found

in table 4. The county, as a whole, identifies as conservative politically (define in some detail what this means and how it is rated in addition to simply voting for a Republican candidate for president), and has voted for the Republican candidate for president during the past three elections (see table 5). A majority of county residents identify with a Christian religious denomination as well (see table 6).

Table 4

North County Statistical Overview- U.S. Census Bureau People QuickFacts

| People QuickFacts | North County | State |
|---|--------------|-----------|
| Population, 2012 estimate | 10,777 | 3,074,186 |
| Population, 2010 (April 1) estimates base | 10,954 | 3,046,857 |
| Population, percent change, April 1, 2010 to July 1, 2012 | -1.6% | 0.9% |
| Population, 2010 | 10,954 | 3,046,355 |
| Persons under 5 years, percent, 2011 | 5.4% | 6.5% |
| Persons under 18 years, percent, 2011 | 23.2% | 23.7% |
| Persons 65 years and over, percent, 2011 | 20.0% | 14.9% |
| Female persons, percent, 2011 | 50.3% | 50.4% |
| | | |
| White persons, percent, 2011 (a) | 98.4% | 93.0% |
| Black persons, percent, 2011 (a) | 0.2% | 3.1% |
| American Indian and Alaska Native persons, percent, 2011 (a) | 0.2% | 0.5% |
| Asian persons, percent, 2011 (a) | 0.4% | 1.9% |
| Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a) | Z | 0.1% |
| Persons reporting two or more races, percent, 2011 | 0.8% | 1.5% |
| Persons of Hispanic or Latino Origin, percent, 2011 (b) | 2.0% | 5.2% |
| White persons not Hispanic, percent, 2011 | 96.5% | 88.4% |
| | | |
| Living in same house 1 year & over, percent, 2007-2011 | 90.7% | 84.3% |
| Foreign born persons, percent, 2007-2011 | 1.2% | 4.2% |
| Language other than English spoken at home, percent age 5+, 2007-2011 | 1.9% | 7.0% |

| | | |
|---|----------|-----------|
| Table 4 (continued) | | |
| High school graduate or higher, percent of persons age 25+, 2007-2011 | 91.3% | 90.3% |
| Bachelor's degree or higher, percent of persons age 25+, 2007-2011 | 19.3% | 24.9% |
| Veterans, 2007-2011 | 900 | 239,229 |
| Households, 2007-2011 | 4,734 | 1,219,137 |
| Persons per household, 2007-2011 | 2.27 | 2.41 |
| Median household income, 2007-2011 | \$50,000 | \$50,451 |
| Persons below poverty level, percent, 2007-2011 | 8.1% | 11.9% |

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

FN: Footnote on this item for this area in place of data

NA: Not available

D: Suppressed to avoid disclosure of confidential information

X: Not applicable

S: Suppressed; does not meet publication standards

Z: Value greater than zero but less than half unit of measure shown

F: Fewer than 100 firms

Source: US Census Bureau State & County QuickFacts

Table 5

North County Political Affiliation- Presidential Voting Pattern

| Presidential Candidate | 2004 Election | 2008 Election | 2012 Election |
|------------------------|---------------|---------------|---------------|
| Democrat | 44% | 45% | 44% |
| Republican | 56% | 53% | 54% |

Source: City, State, Retrieved June 5, 2013 from www.city-data.com

Table 6

Breakdown of Population Affiliated with a Religious Congregation- North County

| Name | United Methodist Church | Catholic Church | Lutheran Church | Christian Church (Disciples of Christ) | Church of the Brethren |
|---------------|---|---------------------------|---|--|------------------------|
| Adherents | 33.4% | 21.4% | 14.9% | 11.1% | 6.4% |
| Congregations | 32.4% | 14.7% | 11.8% | 5.9% | 2.9% |
| Name | Christian Churches and Churches of Christ | Presbyterian Church (USA) | General Association of Regular Baptist Churches | Friends (Quakers) | Other |
| Adherents | 4.9% | 2.2% | 1.4% | 1.3% | 3.0% |
| Congregations | 11.8% | 2.9% | 2.9% | 2.9% | 11.8% |

Source: Jones, D. E. (2002) (Can you find anything more up-to-date?). Congregations and membership in the United States 2000. Nashville, TN: Glenmary Research Center.

Community Description. The Circle school district is located in one of the ten rural communities, Laketown, located in North County. Laketown is home to a local tourism industry that brings in residents, mostly from in the state, during the summer months. The Laketown webpage highlights the community's rural charm, and numerous local historical elements dot the rural landscape. The community was established in 1851 and is the oldest community in North County.

School District Description. The Circle School District serves a total of 800 students in the immediate community, as well as four additional surrounding communities in North County. The district is quite proud of their up-to-date facilities,

which have been built in the previous 15 years. A large proportion of Circle School District students earn college credit at area colleges, and curricular decisions are data-driven. The district's mission is stated as "comprehensive student achievement and character development through educational excellence". A summary district profile can be seen in table 7.

Table 7

Summary Circle School District Profile

| | | |
|---|---------------|--------------|
| Total Enrollment (as of 2011) | | |
| Preschool (4-year olds) | 35 | |
| Elementary (K-5) | 328 | |
| Middle School (5-8) | 169.5 | |
| High School (9-12) | 234.6 | |
| | | |
| Student Data (2011-12) | Circle | State |
| Low Socio-Economic Status | 35.3% | 39.4% |
| Special Education Students | 11.4% | |
| Minority/Caucasian Students | 5%/ 95% | 19.3%/ 80.7% |
| | | |
| Graduation Rate (2011) | 98.4% | 88.3% |
| Dropout Rate (2011) | 0.8% | 3.41% |
| | | |
| ACT Score of 20 or higher | 45% | |
| Intend to Pursue Post-Secondary Training | 88.68% | |
| | | |

Source: Circle School District Annual Report, 2011, Retrieved June 5, 2013 from district website.

The Circle School District operates on a five-year curriculum revision cycle, which is managed by the curriculum coordinator for the district. Student proficiency in reading and math are both above the state average. The average teacher salary is below

the state average, as is average teacher experience. Graduation requirements in all four core courses are below the state average in terms of units required.

Participant descriptions. The following overview provides brief descriptions of each of the research participants from North County involved in the research study. In all, four implementing agents were interviewed. All interviews were conducted on site in the secondary building for the Circle School District. A conference room was reserved for the interviews, and all participants remained available throughout the day.

Chris. Chris is a White male in his mid-thirties and is currently serving as the elementary principal for the Circle School District. He has been in that position for the past six years. Chris grew up in the northeast portion of the state, where he attended high school and then went on to obtain an Associate of Arts degree at a local community college. He then attended one of the three state universities, where he received an undergraduate degree in elementary education, with minors in social studies and coaching. After graduating, he taught 5th grade for four years, while also coaching. He then moved on to a middle school in the state, where he taught 7th grade social studies for five years, and he continued his coaching activities. At this point, Chris decided to go back to school, and he obtained a graduate degree from a state university in a neighboring state, and then began his current position in 2007, upon graduating.

Chris shared that he did not receive any specific instruction regarding sexuality education during his undergraduate and graduate work. He works as part of the administrative team in the district to make curricular decisions, of which sexuality education decisions are a part. The district operates on a five year curriculum revision

cycle, although Chris was uncertain of where health education broadly, or sexuality education specifically, would fall in that cycle.

David. David is a White male in his mid-fifties and is currently serving as the secondary principal for the Circle School District. He has been in that position for the past 11 years. David actually grew up in the district, and attended a different state university from that of Chris. He began teaching in the far western portion of the state as a history teacher, and then returned to the district. He shared that his wife is also from the district; so coming back to the area was as much about family as the job opportunity. He also obtained a graduate degree in school leadership from a small private school in the state, and has also obtained his specialist certificate from another state university. He didn't indicate whether he hopes to work as a superintendent in the future, but has the credentials to do so.

As with Chris, David didn't indicate receiving any specific education regarding sexuality education throughout his higher education experience. He is also a part of the same administrative team, and works with Chris and two others to make most of the curricular decisions for the district. He went on to share some of the specific sexuality education curricula that is implemented at the secondary level. This will be discussed in the findings section in Chapter 4.

Martha. Martha is a White female in her mid-thirties, and currently serves as the District School Improvement Coordinator. In this position, she works with professional development, curriculum development, and also as the special education coordinator. She served as my main contact and was instrumental in helping to organize the

interviews. Martha grew up in the west central portion of the state, and graduated from a small, private undergraduate institution in the state as well. Upon graduating, she substitute-taught for a year, and then worked at a residential treatment facility in the state. After this experience, she decided to go back to school to obtain a special education endorsement at a different small, private school in the state. After continuing to teach at the residential treatment facility for a number of years, she went to teach in a larger metropolitan school district in the northeast portion of the state.

Several decisions by that district caused her to not renew her contract, and she took two years off from teaching. During that time, she moved back to North County, and substitute-taught. She then took a position as a special education teacher in the district. After several years, she went back to school to obtain her administrative degree from a private institution in the center of the state. She has been in her current position for the past 5 years. Her husband also teaches in the district.

In discussing her position, she noted that her job would actually be more of a central office position in a larger district. However, the small size of the Circle School District means she is performing multiple tasks. Despite the constant shifts in responsibility, she feels very well supported by her colleagues and the superintendent in the district. Throughout her educational experiences, sexuality education was not introduced as a component of her teacher preparation.

Amy. Amy is a White female in her mid-fifties, and currently serves as the Circle School District superintendent. She is originally from the southern part of the state, and her father worked as a college professor in the area. As a result of this connection, she

worked for several years in the finance office at the college before going back to school for her undergraduate degree in the state. She taught English and Spanish for ten years in a nearby community, where her children also graduated. She then spent a year as a curriculum director in a nearby district before taking a position as an assistant principal in the far western part of the state for three years. Amy then moved up to the northwest corner of the state where she served as a principal for 13 years, as well as an additional seven years as assistant superintendent. This is her fourth year serving as superintendent in the Circle School district. She commented on never thinking she would end up back in the area but when the opportunity emerged, she jumped on it.

Amy has a significant curriculum development background, and thus has been intimately involved in curriculum development in her previous positions. She works very closely with Martha, as well as Chris and David in her current role, which is more supportive in terms of curriculum development in the Circle School District. Throughout her educational experiences, sexuality education has rarely been discussed, and did not seem to be a major focus of her role in the district.

South County Description

South County covers approximately 425 square miles in the southwestern portion of a midwestern state. The county consists of 7 incorporated communities, and was formally organized in 1853 from an adjacent county. Prior to its official organization, the area was used as a Moron gathering area on the journey west. The construction of the railroad in 1868 brought a more diverse ethnic population at the time, and many workers settled in the county. A full statistical description of South County can be found in table

8. The county, as a whole, identifies as liberal politically, and has voted for the Democratic candidate for president during the past two elections (see table 9). A majority of county residents identify with a Christian religious denomination as well (see table 10).

Table 8

South County Statistical Overview- U.S. Census Bureau People QuickFacts

| People QuickFacts | South County | State |
|---|-----------------|-----------|
| Population, 2012 estimate | 12,594 | 3,074,186 |
| Population, 2010 (April 1) estimates | 12,534 | 3,046,857 |
| Population, percent change, April 1, 2010 to July 1, 2012 | 0.5% | 0.9% |
| Population, 2010 | 12,534 | 3,046,355 |
| Persons under 5 years, percent, 2011 | 6.6% | 6.5% |
| Persons under 18 years, percent, 2011 | 23.6% | 23.7% |
| Persons 65 years and over, percent, 2011 | 18.0% | 14.9% |
| Female persons, percent, 2011 | 51.5% | 50.4% |
| | | |
| White persons, percent, 2011 (a) | 97.1% | 93.0% |
| Black persons, percent, 2011 (a) | 0.9% | 3.1% |
| American Indian and Alaska Native persons, percent, 2011 (a) | 0.3% | 0.5% |
| Asian persons, percent, 2011 (a) | 0.5% | 1.9% |
| Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a) | Z | 0.1% |
| Persons reporting two or more races, percent, 2011 | 1.1% | 1.5% |
| Persons of Hispanic or Latino Origin, percent, 2011 (b) | 2.1% | 5.2% |
| White persons not Hispanic, percent, 2011 | 95.4% | 88.4% |
| | | |
| Living in same house 1 year & over, percent, 2007-2011 | 88.0% | 84.3% |
| Foreign born persons, percent, 2007-2011 | 0.4% | 4.2% |
| Language other than English spoken at home, percent age 5+, 2007-2011 | 1.7% | 7.0% |
| High school graduate or higher, percent of persons age 25+, 2007-2011 | 89.0% | 90.3% |

| | | |
|--|----------|-----------|
| Table 8 (continued) | | |
| Bachelor's degree or higher, percent of persons age 25+, 2007-2011 | 15.8% | 24.9% |
| Veterans, 2007-2011 | 1,104 | 239,229 |
| | | |
| Households, 2007-2011 | 5,354 | 1,219,137 |
| Persons per household, 2007-2011 | 2.27 | 2.41 |
| Median household income, 2007-2011 | \$41,782 | \$50,451 |
| Persons below poverty level, percent, 2007-2011 | 17.4% | 11.9% |

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

FN: Footnote on this item for this area in place of data

NA: Not available

D: Suppressed to avoid disclosure of confidential information

X: Not applicable

S: Suppressed; does not meet publication standards

Z: Value greater than zero but less than half unit of measure shown

F: Fewer than 100 firms

Source: US Census Bureau State & County QuickFacts

Table 9

South County Political Affiliation- Presidential Voting Pattern

| Presidential Candidate | 2004 Election | 2008 Election | 2012 Election |
|------------------------|---------------|---------------|---------------|
| Democrat | 46% | 51.3% | 51.3% |
| Republican | 53% | 47.6% | 47.5% |

Source: City, State, Retrieved June 5, 2013 from www.city-data.com

Table 10

Breakdown of population affiliated with a religious congregation- South County

| Name | Catholic Church | Christian Church (Disciples of Christ) | United Methodist Church | United Church of Christ | General Association of Regular Baptist Churches |
|---------------|--|--|-------------------------|-------------------------|---|
| Adherents | 20.6% | 18.0% | 18.0% | 8.7% | 8.3% |
| Congregations | 7.1% | 3.6% | 21.4% | 10.7% | 3.6% |
| Name | Evangelical Lutheran Church in America | Presbyterian Church (USA) | Lutheran Church | Assemblies of God | Other |
| Adherents | 6.2% | 5.5% | 4.8% | 2.9% | 7.1% |
| Congregations | 3.6% | 7.1% | 3.6% | 7.1% | 32.1% |

Source: Jones, D. E. (2002). Congregations and membership in the United States 2000.

Nashville, TN: Glenmary Research Center.

Community Description. The Square School District is located in one of the seven rural communities, Birch, located in South County. Birch was established in 1854 as a railroad community, and it's name came from a line of poetry partial to the founder. The community also houses a growing tourism industry focused on a lake and recreational area. Agriculture serves as the main industrial pursuit for the community.

School District Description. The Square School District serves a total of just over 500 students in the immediate community, as well as 11 additional surrounding areas in South County. It was officially established in 1959. The district focuses on comprehensive educational programming, and offers curricular and co-curricular

opportunities for students of all ages, beginning with an early childhood center for pre-K students. The district also places a strong emphasis on teacher professional development. The Square mission is to “provide a challenging curriculum within a safe environment where students achieve their maximum academic and social potential in order to pursue a fulfilling life in a global society”. A summary district profile can be seen in table 11.

Table 11

Summary Square School District Profile

| | | |
|--------------------------------------|---------------|--------------|
| Total Enrollment (as of 2011) | | |
| Preschool (4-year olds) | | |
| Elementary (K-5) | 229 | |
| Middle School (6-8) | 85 | |
| High School (9-12) | 149 | |
| | | |
| Student Data (2011-12) | Circle | State |
| Low Socio-Economic Status | 42% | 39.4% |
| Special Education Students | 13% | |
| Minority/Caucasian Students | | 19.3%/ 80.7% |
| | | |
| Graduation Rate (2011) | 91.2% | 88.3% |
| Dropout Rate (2011) | 2.5% | 3.41% |
| | | |

The school district conducts a continuous review of curriculum in an attempt to ensure that current resources and courses match the core curricular requirements for the state. A school to work program, a health/wellness program, and an anti-bullying program are offered in the district. Students are able to earn college credit through an area community college, and vocational programs are also offered. Numerous clubs and activities are offered for students, despite the relatively small size of the district.

Participant descriptions. The following overview provides brief descriptions of each of the research participants from South County involved in the research study. In all, three implementing agents were interviewed. All interviews were conducted on site in each participant's classroom or office. Jane, the first participant I spoke to on that day, guided me throughout the day.

Jane. Jane is a White woman in her mid-forties. She grew up in a small community in the northeast corner of the state, and spent her first year after graduating from high school attending a local community college. She then transferred to one of the three state universities and graduated with a degree in Family Consumer Science (FCS) education. She was hired in the Square School District immediately after graduating from college, and has been in her position as the FCS educator for 19 years. She currently teaches grades 6 through 12.

Jane has complete control over the sexuality education curriculum in the district. She has developed the materials herself for each of the lessons she teaches, pulling from various resources she has encountered, as well as curricular materials from a neighboring school district. She indicated that she has relative autonomy over content, and has never been asked by other administrators to review the curricular materials.

Jack. Jack is a White male in his late twenties. He graduated in a suburb north of Chicago, and attended college at the same state university as Jane. After graduating with a degree in physical education, he taught physical education for three years in Northcentral community in the state. He is currently in his second year of teaching in the

Square School District, and teaches secondary P.E., as well as serving as the athletic director and girl's basketball coach.

Jack has primary responsibility for the development and implementation of the physical education curriculum at the secondary level. He has previously taught health education as well, and is aware of some of the sexuality education resources available to him in the state. He discussed the indirect role he plays in sexuality education in the district through his work in physical education. However, he was not aware of the content of the sexuality education curriculum provided by Jane in the district.

Matt. Matt is a White male in his mid-fifties. He grew up in the community, and his family farm is located minutes from his office. He attended the same state university as Jane and Jack, and graduated with an agricultural education degree in 1986. He taught agricultural education in a small community in the southeast portion of the state for two years, followed by five years in a school district in the western portion of the state. He returned to the Square School District in 1993 as the agricultural education instructor. He attended a graduate program at a state university in a neighboring state, and received his Masters degree in educational leadership in 2003, and assumed his current role as secondary principal a year later, in 2004.

His role in curricular decisions is relatively small. He indicated that the superintendent was hired for her curriculum development background, and she exerts a majority of control over the overall curriculum. Matt assists the superintendent, as well as the curriculum head for the district, in reviewing materials and assisting with the

accreditation process. According to Matt, no work is currently being done to review or revise the sexuality education curriculum in the district.

In keeping with a social cognitive framework, the proceeding detailed description of participants was central to understanding their positionality in engaging with sexuality education policy implementation. Each of their unique backgrounds, experiences, values, and beliefs impacted how they engaged with policy information. Understanding this background was central to how I collected the data for this dissertation.

Methods of Data Collection

Creswell (2007) defines case study research in more detail, and emphasizes the collection of data from multiple sources of information. Yin (2003) further identifies six major sources of evidence most commonly used in case study research: documentation, archival records, interviews, direct observations, participant observations, and physical artifacts. For this dissertation, I utilized two main methods of data collection in order to enhance the validity of the dissertation. Through interviews with implementing agents and document analysis, I examined and compared how two rural, midwestern communities negotiated sexuality education policy implementation.

Prior to contacting any potential research subjects, I received approval from Iowa State University's Institutional Review Board (see Appendix I). Once I had obtained approval, I proceeded with my research study. The selection of the communities for the focus of the case study was based on location (state of Iowa) and classification as "rural" (defined as not fitting the US Census Bureau definition of a metropolitan statistical area).

All interview participants currently serve in administrative or educational roles within the selected school districts and were identified as implementing agents for sexuality education policy by district administrators themselves. Sexuality education shall be defined as not only educational content that addresses the biological aspects of reproduction and disease, but also addresses the social identities of students with regard to the intersections of race, class, gender, sexuality, ability, and other self-defining characteristics, as well as the interactions of students with others in the form of interpersonal relationships.

Qualitative Interviews

My interviews with implementing agents served as the main form of data collection. The semi-structured nature of the ethnographic interviews allowed me, as the researcher, to include a mix of more and less structured questions, as well as remain flexible depending on the flow of the conversation. I predetermined a list of questions (see Appendix G for interview protocol), and used this as a guide for all interviews. This protocol was designed in a semi-structured, focused manner to help guide the content and direction of the interviews, but this also allow me the freedom to delve into new topics based on the conversation. The interview questions were further designed to encourage the discussion of information that would inform the research questions previously established. Each interview lasted between 30 and 45 minutes in length, and was held in a private location on school grounds that allowed participants to share openly without being overheard by colleagues or students.

Although the questions were listed in order on the protocol document, interviews did not necessarily follow this predetermined order. The semi-structured approach allowed me to still obtain specific information from participants, but allowed for the questions to be flexibly worded and the conversation to flow more naturally. I was also able to ask follow-up questions that were generated from the initial interview questions asked. Overall, this format allowed me to “respond to the situation at hand, to the emerging worldview of the respondent, and to new ideas on the topic” (Merriam, 2009, p. 90).

During the interviews themselves, I balanced my interaction with subjects with the data collection itself. In all instances, we were arranged in a comfortable manner that implied a more casual conversation. I took minimal notes throughout each interview, but focused a majority of attention on the subjects themselves. In addition, I audio-recorded each interview for later transcription and analysis. I used a digital recorder during the interviews, and I saved interviews as .mp3 files using coded file names to preserve confidentiality.

Once I completed my interviews, I transcribed the data by means of denaturalized transcription (Oliver, Serovich, & Mason, 2005). This form of transcription is the result of an interest in the informational content of speech (MacLean et al., 2004). As Oliver, Serovich, and Mason (2005) point out, this style of transcription has found particular relevance in various types of ethnography (Agar, 1996; Carspecken, 1996) and grounded theory (Charmaz, 2000).

I transcribed interviews using Dragon Dictate software for Mac computers. This speech recognition software is trained to the voice of the user and is set up to understand and interpret one voice. As such, I utilized the “listen and repeat” technique to listen to the audio of the interview recording in one ear, and then repeat verbatim what I heard through the microphone.

In addition to expediting the transcription process, the act of parroting the words of the implementing agents resulted in an unexpected initial analysis of themes that emerged as I was transcribing. I additionally incorporated reflection into my research design by interrogating my transcription decisions with each interview (Oliver, Serovich, & Mason, 2005).

Once I initially transcribed each interview, I saved the document following the same naming system I used to label the audio files, with each file denoted by the initials of the pseudonym used and the number of the interview in the order they were conducted. I then went through and reviewed the text of the transcriptions to edit the content for accuracy so that it most closely reflected what was communicated in each of the interviews. While I reviewed and edited the text, I also noted additional themes that emerged among and across the interviews, and recorded them on a separate document.

I then coded my interview transcripts, and I identified conclusive themes. Generally, I coded interview transcripts based on how agents understood and implemented policy. More specifically, I coded interviews into seven areas similar to the coding structure presented by Spillane (1998). These areas were:

- (a) the agents’ beliefs about sexuality education

- (b) the ways in which agents encountered the sexuality education policies and their understanding of them
- (c) state and local context for sexuality education
- (d) agent understanding of school district response to state policy
- (e) change and continuity in sexuality education policies
- (f) school/administrative structure
- (g) networking among implementing agents

I reviewed and coded each transcript, which allowed me to identify specific participant responses that provided insight into each of the research questions for the present dissertation. This interpretive approach of policy implementation through the lens of the participants involved allowed me to consider how agents framed their comments about sexuality education, as well as how they discussed various constituent groups (e.g. students, parents, administrators, other teachers, school board members, state department of education).

Document Analysis

My secondary method of data collection was in the form of document analysis. Documents are most generally defined as written, oral, visual, or cultural artifact (Merriam, 2009). Lecompte and Preissle (1993) further define documents as artifacts--“symbolic materials such as writing and signs and nonsymbolic materials such as tools and furnishings” (p. 216). In the course of my research, I obtained and analyzed curricular materials, public records from each district, and state and federal policy documents, pertaining both generally to educational policy and curricula, and

specifically to sexuality education policy and curricula. “The strength of documents as a data source lies with the fact that they already exist in the situation; they do not intrude upon or alter the setting in ways that the presence of the investigator might” (Merriam, 2002, p. 13).

Documents fall into a number of main categories. Public records serve as the official, ongoing record of society’s activities (Merriam, 2009). “The first and most important injunction to anyone looking for official records is to presume that if an event happened, some record of it exists” (Guba & Lincoln, 1981, p. 253). A majority of the documents I analyzed in this dissertation fell into the public records category. All local, state, and federal policy documents, as well as U.S. census data, sexuality education program documents, and curricular materials all were classified as public records. In addition, state and local media reports related to sexuality education in the state were reviewed and analyzed. I found these records valuable for what they revealed about sexuality education policy implementation in the areas I studied, and also in how they informed the ethnographic interviews.

Overall, the use of both interviews and document analysis were crucial to understanding how implementing agents’ made sense of the sexuality education policy they were asked to implement. Merriam (2009) makes the point that these two methods of research are ultimately not all that different in terms of their intended goals. In both instances, the “data collection is guided by questions, educated hunches, and emerging findings” (p. 150). Both methods allowed for the investigation this research study was designed to conduct, and allowed for the uncovering of valuable data.

Interview Coding

As I collected my data through qualitative interviews and document analysis, I needed a means of making sense of the information I was gathering. Charmaz (2006) discusses data collection and analysis happening in a simultaneous four-step process. In this process, the researcher seeks data, describes the data, answers interesting questions about the data, and then begins to develop theoretical categories. During my first level of analysis, I utilized open coding during my interviews to write down unique categories, themes, observations, or questions that emerged after each interview. I would make comments in the margins of my interview protocol to indicate follow-up questions, interesting comments made by participants, or connections between questions and answers that emerged. These notations, combined with interview summaries I wrote up following the site visit, allowed me to more thoroughly go back to the interviews to more thoroughly code the data.

Additionally, audio-recording the interviews not only allowed me to transcribe the interview word-for-word, but also review the data at different points. I went back and listened to the interviews multiple times after my initial summary write-up, focusing my attention on a sub-set of the comments or observations I made. This allowed me to more thoroughly code each interview, and develop themes that manifested across interviews. This process ultimately allowed me to gain a better sense of the overarching themes present in my interviews, and how they served to address my research questions and understand how participants implemented sexuality education policy.

At this point, I proceeded to transcribe each of the interviews. After transcribing the interviews, I inserted my notes and observations into the text in order to create a cohesive summary of the information collected. I was then able to conduct a close reading of my data. In doing so, I was able to begin to distinguish the answers to my research questions. Throughout this process, I looked for references to values and beliefs about sexuality education, experience and understanding of curricula and policy, and influences on how sexuality education was implemented.

Following my close reading of the ethnographic interview data, I turned my attention to the documents I had collected. I assembled available curricular resources, school district records, news reports, and outside research reports relevant to sexuality education policy in the state of Iowa, in each county, and in each specific school district. I was then able to conduct a close reading of these documents to look for themes unique to the documents, as well as themes that correlated with those that had already emerged during my ethnographic interview data analysis. These processes allowed me to analyze how the data I had gathered from each implemented agent lined up with the documented information available to me. Through this comparative analysis, I was able to establish the overall themes, which ultimately addressed the research questions for the present dissertation.

The Soundness of the Research

Reliability and validity are typically measures of accuracy and effectiveness in research. However, Lincoln and Guba (1985) insist that these measures are not necessarily appropriate in the context of qualitative research. The subjective nature of

this work makes truth a relative concept. As a result, they have recommended using credibility, transferability, dependability, and confirmability as markers of soundness in research..

The methodology chosen for any given study should be that which is best able to respond to the research question(s) outlined in the study. This dissertation sought to examine the ways that sexuality education policy is implemented in rural school districts, and further analyzes the factors that influenced that process by implementing agents. It is important that the methods and findings are credible in order to ensure consistency and transferability of the research. In this dissertation, I examined two rural school districts through a case study format. I implemented ethnographic interviews and further investigated each district and the overall context for the dissertation through document analysis. The two districts studied provide a “snapshot” of rural sexuality education policy implementation in the state of Iowa.

The data collected during this dissertation were accurate and dependable at the time that it was collected, and to the best of the participants’ knowledge. However, schools and school districts are always changing, reorganizing, and adapting their curricula and making other changes to the implementation process. Thus, it is important to accept that the data collected represent a picture of sexuality education policy implementation at a specific point in time and are based on the interpretations of the participants at a given point in time. Additional interviews with individuals more tangentially related to the implementation process, including students, parents, and community members, would have possibly yielded different results. As a result, the

interview protocol outlined in Appendix G provides a description of potential procedures for future researchers who may wish to expand on this dissertation.

Additionally, transferability should be noted. Transferability signifies the degree to which research findings can be generalized to other contexts (Trochim, 2006). The state of Iowa contains a total of 347 independent school districts, and it would be impossible to claim that the results of this dissertation of two school districts could be generalized to other districts in the state. However, this work does speak back to general issues and ideas of concern that can help shape and frame the way we understand how sexuality education policy is implemented.

Policy implementation decisions are still largely left up to individual school districts, and cannot be predicted simply by knowing what nearby or demographically similar districts have done. The present dissertation sample was geographically representative of rural communities in the state of Iowa, but is not intended to allow for generalizing to all rural school districts in the Midwest region of the United States. The dissertation is intended to address a need for further research on sexuality education policy implementation in a geographically and demographically unique region of the county that has thus far been investigated on only a very limited basis.

As a result, the findings of this dissertation contribute to our understanding of how and why sexuality education policy is implemented in rural midwestern school districts, and why this understanding is important for the overall educational aims of sexuality education. These findings are discussed in the proceeding chapters of this dissertation.

Dependability further focuses on the importance of the researcher accounting for the constantly changing context of the search being conducted. It is the responsibility of the researcher to describe these changes in the settings, and how these changes affected the way the research was conducted (Trochim, 2006). As a result, I kept detailed records of my research process, beginning with the IRB application, leading through initial contact with potential research participants, to the identification and coordination with eventual participants. I saved email records, and documented the research process in as much detail as possible. In addition, I remained in communication with my research advisor about my progress and provided progress reports.

Confirmability refers to the ability of the research to remain neutral in the process such that the findings are shaped by participants and not individual research biases or interests (Trochim, 2006). I have previously acknowledged my own positionality, and stated my belief that my own prior experiences have indeed been a motivating factor in my desire to conduct the present dissertation. However, I attempted to remain neutral in my own interactions with participants, mainly by masking my own beliefs and reactions. Reflexivity was utilized in the dissertation memos I drafted as I reflected on the process. Additionally, crystallization, or the use of numerous research methods for analyzing data, was implemented to further ensure confirmability (Richardson, 2000).

Additional steps were also taken to enhance the accuracy of the research study. Goodness was achieved through my adherence to the research design outlined (Merriam, 1995). I consistently reviewed the research proposal and IRB documents prior to

conducting ethnographic interviews to ensure the process was true to the study.

Triangulation (Denzin, 1978, 1989) was also utilized. Denzin (1978, 1989) discussed four types of triangulation: (a) by data source; (b) by method; (c) by researcher; and (d) by theory. For this dissertation, I utilized data triangulation and method triangulation to confirm my findings and provide a deeper understanding of sexuality education policy implementation. I accomplished this by conducting multiple interviews in each district and analyzing all interview data, documents, and publicly available demographic information in conjunction with one another.

Ethical Issues

Ethical issues were central to the research study due to the potentially sensitive nature of the topics discussed with participants. I made use of various precautions in order to ensure protection of participants' confidentiality. Beginning with my initial correspondence with potential participants, I made sure to fully brief them on the nature of the dissertation, its purpose, and to clearly articulate what I was asking of them. I made sure participants understood that they were under no obligation to participate and could decline at any point. I fully addressed informed consent with each participant prior to conducting the ethnographic interviews as well, and included a more thorough description of the dissertation. To protect his or her confidentiality, each participant was given a pseudonym, and each county and school district was also given a pseudonym. Additionally, any demographic information that would potentially be specifically descriptive was left out of the research study description. Interview audio recordings and transcripts were labeled with research codes only known to myself as well. Interview

transcripts and field notes were also edited to conceal the identity of locations and participants.

Conclusion

In summary, interview data were collected from 7 participants in two school districts. This data was analyzed in conjunction with relevant sexuality education documents. The information was analyzed from a social cognitive theoretical perspective, and broadly involved qualitative research. More specifically, a case study approach was utilized, with qualitative interviews and document analysis employed. The sample selection and data collection processes are outlined, and detailed descriptions of research sites and participants are included. Social Cognitive Theory was utilized to make meaning of the data collected. Throughout the research process, issues of trustworthiness were addressed, as were ethical considerations. In general, the importance of qualitative research in educational policy implementation has been noted in the research (Honig, 2009). The next chapter described the data collected in more detail, including how sexuality education was defined with participants, and how the data were analyzed, as well as the four main themes that emerged.

Chapter 5

RESULTS

Introduction

This research study explored how federal and state sexuality education policies are implemented in two small, rural midwestern school districts. More specifically, this dissertation sought to understand how the personal and professional values and beliefs of implementing agents with regard to sexuality education policy ultimately impacted the implementation process itself. This dissertation also sought to understand the historical and community context for sexuality education policy implementation in these two rural school districts, and how the social interactions and organizational arrangements in each district impacted the implementation process.

To answer the research questions, a qualitative case study was conducted of two rural midwestern school districts. Qualitative interviews were conducted with implementing agents, and this data were supplemented with relevant document analysis. A social cognitive theoretical foundation was utilized in order to examine the data collected and address the research questions posed.

This chapter includes findings from the present dissertation. An overview of participant demographics is provided. Next, each of the four overarching themes identified are discussed in the context of the research questions posed. These themes included findings pertaining to the values and beliefs of implementing agents, the community context in which implementing agents engaged with the policy, the interactions of implementing agents with other agents and additional educators, and the

organization and administration of sexuality education in the school districts studied. Narrative detail is provided from interview transcripts and relevant documents to elaborate on the identified themes that address the research questions posed. Finally, a summary of the research findings is provided.

Participant Demographics

A total of seven sexuality education implementation agents from two rural midwestern school districts participated in this dissertation. Four participants came from Circle District and three participants came from Square District. Participation was left to the discretion of the superintendent of each school initially, and referrals for participation were gathered from the superintendent. Potential participants were then contacted separately to inquire about their interest and availability to participate in the dissertation. I provided participants with a brief overview of the research study at the time of first contact as well. I then followed up via email with any additional questions that participants had prior to the actual interview.

The participants represented a homogenous group as implementing agents. All seven participants identified as White, received their higher education and teacher preparation at colleges and universities in the state of Iowa, and have spent their entire careers working in the state. Six of the seven participants were also born and raised in the state of Iowa, with the seventh growing up just outside of Chicago. Although religion was discussed in the context of sexuality education, none of the participants provided any indication of a specific religious or spiritual affiliation. A review of school district

documents indicated that these demographic characteristics were consistent with the overall faculty in each school district.

Defining Sexuality Education with Participants

I have previously indicated that I have defined sexuality education as concerning human relationships and the private, intimate lives of learners. Moreover, it involves intense emotions regarding intimacy, pleasure, affection, anxiety, guilt, and embarrassment and thus extends beyond a biological examination of human sexuality to explore our notions of gender, gender identity, and gender expression. Halstead and Reis (2003) adequately summarize many of these aspects when they suggest the following aims for sexuality education:

- Helping young people to know about such biological topics as growth, puberty, and conception
- Preventing children from experiencing abuse
- Decreasing guilt, embarrassment, and anxiety about sexual matters
- Encouraging good relationships
- Preventing under-age teenagers from engaging in sexual intercourse (abstinence education)
- Preventing under-age teenage girls from getting pregnant
- Decreasing the incidence of sexually transmitted infections
- Helping young people question the role of women and men in society. (p. 137)

I intentionally avoided sharing this definition of sexuality education with participants in the course of my interviews. Participants were free to define sexuality

education for themselves as they proceeded in responding to questions and engaging in dialogue. The result of this freedom to define sexuality education for themselves was a much more intentional focus on reproduction, pregnancy prevention, and sexually transmitted infection awareness. These definitions mirrored the health literacy, human growth and development, and life skills topics required in the state. Broader connections to relationships, identity, and gender were referenced but in no significant detail. Participant definitions of sexuality education were thus in line with a behavior change approach.

Data Analysis

In this section, I will discuss the levels of my data analysis. I offer a description of my use of social cognition theory to help me understand my data and ultimately help me answer my research questions and gain a more thorough understanding of how sexuality education policy is implemented in rural midwestern school districts. As with most qualitative research, data analysis occurred concurrently with data collection. This process allowed me to make adjustments along the way, test emerging themes and ideas, and compare these ideas to subsequent data. “To wait until all data are collected is to lose the opportunity to gather more reliable and valid data” (Merriam, 2002, p.14).

Social Cognition Theory

Greeno and MAPP (1998) view all cognition as situated, and see learning and awareness as framed by practice. They go on to discuss the concepts of *affordances*, *constraints*, and *attunements*. Affordances are possibilities for interaction and action provided in an environment. Within each environment, constraints exist as norms,

effects, and relations that limit the broader possibilities within the environment. Each individual, or in this case, implementing agent, performs individual behaviors or patterns of behavior, or attunements, within the environment. Thus, each implementing agent is responding to their environment based on previous interactions and environments they have participated in. These central components comprised my analysis of the ways in which implemented agents enacted sexuality education policy.

In examining the affordances of implementing agents, I sought to understand how they came to make sense of sexuality education and sexuality education policy. Ethnographic interviews, combined with corresponding documents, provided information on the individual values and beliefs of implementing agents. Additionally, their own experiences with sexuality education policy implementation provided me with a better understanding of the way in which they currently implement policy.

The constraints experienced by each implementing agent were also significant. The nature of rural communities has been discussed as a mitigating factor in sexuality education research. As such, it was important for me to understand the norms, values, and behaviors within the school district and greater community that might impact their implementing of sexuality education policy. I was able to gain an understanding of these constraints through the ethnographic interviews, my observations of the school environment and broader community, and the documents I gathered for further analysis.

The way in which they implemented sexuality education policy in their respective environments represented the attunements for each agent. The way in which they approach sexuality education in discussion with colleagues, students, and parents

has a significant impact on their overall effectiveness as implementing agents. Many of these prior interactions then served to inform their present action as they attempted to implement the sexuality education policy.

More broadly, the demographics of the participants mirrored those of the communities in which they worked. Full descriptions of each community can be found earlier in the chapter. Possibly in part due to the homogeneity of the communities they worked in, participants did not discuss issues of diversity and multiculturalism in any fashion. This lack of discourse regarding difference was in keeping with the earlier reported literature, which indicated a lack of multiculturalism in sexuality education discourses as a whole. Overall, four themes emerged from this dissertation to address the research questions presented. These themes aligned with a social cognitive theoretical foundation and illuminated the findings from this perspective.

Values and Beliefs of Implementing Agents

In analyzing how sexuality education policy is implemented from a social cognitive perspective, the values and beliefs of individual implementing agents was significant and represented the first theme. Participants' values and beliefs were generally consistent between districts, although differences did exist.

The age-appropriateness of sexuality education has been the focus of a significant amount of discussion throughout the earlier identified debate. Participants believed generally that the middle-school years were the appropriate educational stage to begin delivering sexuality education. Several participants made this belief very clear. Jane summed up this belief very well in stating that "I think middle school is the time to

approach it as they are entering high school. For some students, high school is too late unless it is early in high school and even then, it's still too late" (personal communication, January 21, 2013).

Jane reinforced this belief in middle school as the appropriate point at which to begin discussing sexuality with students. In commenting on student responses to her implementation of sexuality education policy, Jane stated, "that's when I refer back to them and ask if some of them could've handled some of these topics in sixth grade and they say that they could not" (personal communication, January 21, 2013). Jack also expressed this belief. "I think in junior high, they need to start, whether it is just a little three or four week course, but they need to learn about puberty and changing bodies and why this is happening and things like that" (personal communication, January 21, 2013). This hesitation to introduce sexuality education at the elementary level, as they understood it to focus on health and reproduction, remained consistent between both districts as well.

Despite the hesitation to discuss sexuality too early with students, participants recognized that students were receiving information about sexuality and engaging in sexual acts at earlier ages than they discussed it with them. Thus, the effective implementation of sexuality education policy was seen as important. Martha stated as much in her comments.

I mean even if it's oral sex or something like that, that can happen much earlier than parents or even staff are ready to think it's time to even talk about that so I think that it's important to get that out there early because

if you wait till it's too late, if you wait till high school, it's way too late

because you don't have time (personal communication, March 7, 2013).

Chris also expressed this view as he stated "I know kids are maybe getting more involved with that at younger ages than what we've been used to when we were in school" (personal communication, March 7, 2013). Martha shared the same view as well. "I believe in some multilevel approach because you have to start early enough for them to be aware because kids can get sexually active pretty early on" (personal communication, March 7, 2013).

Discussions with participants concerning the implementation of sexuality education policy at the elementary level were thus much more limited. Many participants had memories of "the talk" in school, in which the boys and girls were separated into two groups, and puberty and other reproductive topics were addressed. This continues to be the main form of policy implementation at the elementary level in both districts studied, as evidenced by the descriptions of this event in the Circle District. David remarked, "I think that for us, sixth and seventh grade is pretty hard with kids. And I think that we probably should be doing a little bit more in fourth and fifth grade with kids being comfortable with their own bodies and understanding how they work" (personal communication, March 7, 2013).

Confidentiality emerged as an important belief among participants as well. Implementing agents were aware of the sensitive nature of the topic, and attempted to create a safe environment in which students could come to them with questions. At the same time, participants were fearful that older students would discuss sexuality-related

topics with younger students, which was discouraged and seen as a potential violation of that confidentiality. As Jane put it, “That’s why I say we don’t want them to be discussing it on the bus and things could be taken out of context and smaller kids on the bus don’t need to be hearing this” (personal communication, January 21, 2013). She did, however, follow up by stating “I talk to them very frankly about how what we are discussing and I talk about confidentiality and the importance of what’s said in the room stays in the room” (personal communication, January 21, 2013). She also mentioned a hesitation to making others feel uncomfortable due to the seemingly sensitive nature of the topic, and her commitment to confidentiality. “It’s not that what we’re talking about is inappropriate but it isn’t appropriate to be talking about it outside of the classroom and it makes other people feel uncomfortable” (personal communication, January 21, 2013). This belief in appropriate and inappropriate environments for discussing sexuality seemed to permeate much of the curricular discourse for all participants.

Comfort with the subject of sexuality was also a value participants communicated to students in their own actions. It was important that young people felt comfortable speaking with them about the information, both in the classroom, and on a one-on-one basis. Jane stated, “I do think that the individual that delivers it has to be comfortable with it and that’s probably why I haven’t changed much with it. I feel comfortable with how I deliver it” (personal communication, January 21, 2013). Furthermore, “If a student senses that you are not comfortable with it and they know that you can be open-minded and you can let your beliefs come through but you can’t force them onto the kids” (personal communication, January 21, 2013). She was confident

that she had created that comfort level among her students, as were other participants. Jack echoed Jane's statements. "I feel that I carry myself professionally and you have integrity with that. If the kid comes to me and they trust me and they want to talk to me about something, I'll talk to them about it" (personal communication, January 21, 2013).

Although beliefs on the age-appropriateness varied somewhat, the importance of providing young people with information was a value that stretched across both districts. Martha very aptly articulated this belief.

I'm a big believer in giving kids total access to information whatever that is. Whether that is sex ed or evolution or all of those other controversial things that sometimes people get all politicized and I believe the role of education is really to teach kids how to think and to become their own and be armed with enough information to make good decisions and I do believe information is power for kids (personal communication, March 7, 2013).

Matt also expressed this belief, albeit a bit more reluctantly. "So it's probably better that they're exposed to it and so they're getting the right information and better information as opposed to information that they don't know if it's right or wrong because they're just listening to it" (personal communication, January 21, 2013).

There was also a general awareness of the controversy surrounding sexuality education, and teaching abstinence more specifically. Martha very directly stated "I'm not a big believer in teaching abstinence only and that sort of thing, but I really believe that kids need to have really good information, and they need to have it early, and they

need to have it often” (personal communication, March 7, 2013). She also brought up the prevailing argument that discussing sexuality with young people will cause them to more frequently engage in unsafe sexual activity. “I don’t personally think that having the conversation is giving them permission to do it or the ideas that they should do it or think about it, but at some point this is what your body is going to tell you and here’s what you need to know” (personal communication, March 7, 2013). The overall belief among participants in both districts, based on interviews as well as written policy, was thus in the value of comprehensive sexuality education, although it was not referred to as such.

Values and beliefs among participants on where the responsibility for sexuality education rested were consistent as well. Overwhelmingly, parents were referenced as having the most responsibility. Chris very directly stated “Well, my first comment would probably be the parents. I think the parents have a responsibility” (personal communication, March 7, 2013). However, participants were readily aware that parents were not often having sexuality-related conversations with their children, which left the responsibility more in the hands of educators. Jack summed up these beliefs well:

I think it should be the parents’, but it isn’t. I think it becomes the school’s job or it has become that way at least. I think you’ll see a lot of times, especially with single mothers that have kids at the young age and obviously someone is not being taught correctly or they’re not being educated, and so I think that’s where the school needs to step in and do

that for them. I think all the parents should be talking to their kids but it doesn't happen" (personal communication, January 21, 2013).

There was also a desire by the participants for parents to play a stronger role in sexuality education. David said "I really do think, and maybe this is me being a little conservative, but I really do think moms and dads should play a bigger role in this" (personal communication, March 7, 2013). Martha reflected on the consequences of young people not receiving sexuality education as well. "Whether or not there are parents who feel like we need to have those conversations, we need to have those conversations and if someone is not having those with the kids, than we are hanging them out to dry" (personal communication, March 7, 2013). The desire for parents to play a stronger role may have reflected a sense of the responsibility that implementing agents felt in providing sexuality education. Chris, an elementary principal was especially candid with his thoughts.

As an elementary principal, I would prefer that it stayed there (laughing). I'm sure somebody may tell us sometime and through our guidance program. I don't think our guidance counselor brings in a lot of sex education with the kids but maybe the good touch and bad touch through the guidance program but other than that, I'm guessing that's all the further we go with that (personal communication, March 7, 2013).

Community Context

Much of the previously reviewed literature discussing the identity of rural communities references the importance of close bonds and frequent interaction among

members. This community context was a theme throughout the current dissertation as well. Researchers have suggested that community identity influences how sexuality education policy is implemented, and has a direct influence on the implementing agents themselves. This dissertation supported that claim in certain instances, but perhaps not to the extent that previous literature would suggest (See, for example, Fields, 2008, Irvine, 2002, and Luker, 2006). The emergence of this theme thus addressed a major research question present in this dissertation, which examined the social context in which sexuality education policy was being implemented.

Parents represented the most significant community influence for implementing agents, and were the most frequently mentioned group. Participants in both districts indicated that they receive general support from parents for the sexuality education policy they are implementing. The official policy, which does not officially provide additional detail beyond what is publically available and provided by the State of Iowa as an educational requirement, is not widely discussed or distributed to parents. As such, assumptions are most likely made on the part of parents with regard to the content of the implemented sexuality education policy. The actual policies in both districts were not officially documented or publically available. However, they both prioritized reproduction, pregnancy prevention, and STI/HIV awareness and prevention.

Parents' support thus seemed to rely their trust of the implementing agents involved. One reason for that support, in the opinions of participants, was because parents did not feel comfortable discussing sexuality themselves and were happy to pass along the responsibility to implementing agents in the school district. Matt stated: "I think it's

becoming more commonplace that it's become expected that we will talk about that and parents like that because it means they don't have to talk about that" (personal communication, January 21, 2013).

This implied support on the part of parents does come with some stipulations, however. Participants indicated that parents are still hesitant about the content and express a desire for implementing agents to hold off on delivery as long as possible.

Martha commented:

There are some parents that feel like we just wish you would take it and do it all and we never have to have that conversation, and there are some parents that feel that we know you have to do it and we are okay with you doing it, but we don't want you to do it any sooner than you have to, and we want you to put it off, and we feel like if you talk about it then you are giving them the idea that they should do this or they're going to do it, or you're putting the thought in their head" (personal communication, March 7, 2013).

The makeup of family units was discussed as a factor in views from community members as well. In Square District, grandparents are raising many young people. This generational difference was reflected in differing views on the implementation of sexuality education policy. Matt made a point of referencing this fact. "The one thing that you think about too is that even in this area, we have a lot of grandparents that raise their kids for whatever reason" (personal communication, January 21, 2013). As a result, he felt as though these grandparents were stricter with their views on content.

“We are a small community and everybody seems to know everybody. People’s attitudes still change and so one generation may be more strict with the teaching of sexuality and another generation may loosen up a little bit more” (personal communication, January 21, 2013). These views regarding generational differences did not arise in Circle District. Additionally, other family units, such as same-sex parents and single parents, did not enter the conversation at any point in discussions regarding both districts.

The interest of parents and other community members in the sexuality education curriculum was seen as sporadic and fairly isolated in both districts. Despite the seemingly controversial nature of the topic, implementing agents in both districts indicated that they had very few interactions with individuals wishing to examine materials or inquire further about content. There was no recollection on the part of participants, or evidence in available documentation, of challenges to sexuality education policy in either district studied.

Participants in both districts indicated that a limited number of parents did choose to remove their children from the sexuality education lessons. This ability to opt out of the curriculum is an option that parents in all districts in the state of Iowa have, per Department of Education policy. As Matt put it, “We do have a policy that if a parent does not want their child to go through that for whatever reason, they can come talk to us and give the reasons why” (personal communication, January 21, 2013). Once parents choose to opt their children out of the sexuality education lessons, implementing agents discussed some level of follow-up to try and ensure that the student is receiving the information. David stated:

I basically just try to have a conversation with them (the parents) that they do have that conversation, and I think it's just healthy, and I never have had a parent angry that we were doing it. Most parents that want their kids to opt out say that they understand why we're doing it so it's very receptive to what we're doing and it's kind of just what we do now after a number of years so it's become consistent (personal communication, March 7, 2013).

In those instances where parents do opt their children out, the most frequent reason involves religious beliefs. The overall religious and political beliefs of residents in both counties were previously documented in this chapter.

Implementing agents in both districts also discussed ways that they communicate proactively with parents and other family members about the sexuality education curriculum materials. However, most of this communication is one way, with no requirement that parents review the information that is sent home with students. As David stated, at the high school level, "they take things home to share with their parents and have discussions with their parents and bring it back to their moms and dads" (personal communication, March 7, 2013). Implementing agents in both districts remained hopeful that those conversations were taking place. However, as David followed up, "I would like to think that we could rely on parents to play a larger role in this, and I'm sure I have some parents who do but I also know that from working with middle school kids, we have a lot of parents that don't" (personal communication, March 7, 2013).

More frequently, the information that is sent home to parents is simply a notice that the material is going to be covered in the near future. This advance notice is seen as a means of avoiding any concerns on the part of parents later on. This was especially true at the elementary level in Circle District, as Chris stated.

Some materials get sent home ahead of time and we always do it in the spring the day before spring break starts...and then they go home and they have Friday through Monday to make sure there isn't a lot of talk and chatter, and we do it at the end of the day to make sure it's not a topic of conversation (personal communication, March 7, 2013).

As a result of this decreased communication, implementing agents in Square District have ceased sending home materials to parents to let them know that the sexuality education curriculum will be delivered. They simply include the information in the student handbook for parents to review. Jane shared that "In the past, I've sent letters home telling them what I was doing. Now it's just part of the student handbook letting them know that they will be exposed to human growth and development it is a part of the curriculum" (personal communication, January 21, 2013).

Additionally, implementing agents expressed skepticism that young people are discussing sexuality topics with their parents or sharing the information that is sent home. As Jane put it, "Most of the kids prefer not to talk to their parents about it and that is a question that I bring up with them. I ask them how many have had the conversations and had the sex talk and they say that they were mortified" (personal communication, January 21, 2013). Matt also shared that "We haven't seen the large uproar about it, but

maybe that's because kids don't talk to their parents about it" (personal communication, January 21, 2013).

Community feedback on sexuality education policy was relatively limited in both districts. Many participants stated that they never had anyone ask to review the curriculum or speak with them about the information being provided. This was despite a community that was very active in the overall education of their young people. As Martha put it, "I think that if anyone was very dissatisfied with something, we definitely would have heard about it" (personal communication, March 7, 2013). David did indicate that they solicit feedback from parents about the overall curriculum to some extent, however. Specifically, "We share out with our parents and get feedback through some of our district committees, but generally parents don't sit on our curriculum committees" (personal communication, March 7, 2013).

The overall sense of rurality, discussed in chapter 2 as leading to a belief in the overall safety of the community and lack of social issues present in urban areas, played a large factor in the community interaction and perceptions that implementing agents held. Martha had previously taught in a larger community and was able to draw some comparisons with Circle District, where she currently works.

Also, having taught in a larger school district, I think that sometimes we have the idea that we live out here and we are just a little bit more insulated and sheltered from the world, and I'm not always sure that our families are as proactive as they may be if they forced to be if they lived in a bigger community (personal communication, March 7, 2013).

She further captured this sense of safety and isolation from the perceived problems of larger communities in stating:

We do have this mentality that we live in a small rural town and life is pretty simple here and things are pretty uncomplicated. I would agree with that to a certain extent, but just like we can't always assume that means we don't have any bullies in our schools or none of our kids would certainly ever do drugs or drink, just some of that, I don't think we can be naïve in thinking that kids are not thinking and talking about it and having sex with each other (personal communication, March 7, 2013).

Implementing agents shared a belief in the conservative nature of their communities generally speaking. As Amy put it, "I also think that we're more conservative in terms of people's beliefs and what's right and wrong and that sort of thing" (personal communication, March 7, 2013). She also mentioned the religious influence in the community, which did not emerge more significantly in Circle District. "I think there is still a pretty strong religious base here and there are a number of churches, and so they would pretty much come from that pretty conservative perspective" (personal communication, March 7, 2013).

This conservative view emerged most readily when participants were asked about the possibility of condom distribution in the schools as a part of the sexuality education policy. Generally, David shared that "I think our community would not be okay with that, and at this point, I think it would initially be received as encouraging sex" (personal communication, March 7, 2013). He reiterated that point when he said,

“We’re pretty rural and we’re pretty old-school on some things. I would say that we are maybe a little bit more progressive on some, but I think that might push them (school board members) over the edge” (personal communication, March 7, 2013). Martha also indicated the high probability of community objection to condom distribution. “I think that if we made those things available here, I think we would have some parents that would object to it” (personal communication, March 7, 2013).

Implementing Agent Interaction

The third theme focused on the interaction that implementing agents had with one another and other colleagues. This theme provided insight into the fifth research question, which asked about formal and informal social interactions among policy implementation agents and their impact on the implementation process. The role of implementing agent interaction factors into a social cognitive perspective and has been shown to influence how policy is ultimately implemented. The overall interaction that participants had with other implementing agents and fellow colleagues related to sexuality education policy was relatively minimal in both districts. This lack of engagement on the topic of sexuality reflects an overall avoidance of the topic among educators. The ability to avoid these discussions is a significant theme in situated cognition theory.

The most significant engagement in sexuality education policy came in the form of assuring outside officials that the district was generally meeting the state’s policy requirements. “Chapter 12” refers to the state’s overall curriculum policy requirements, of which “Human Growth and Development” is broadly included and represents the

sexuality education policy for the state of Iowa. As opposed to significant collaboration on science and math-related curricula, no collaboration was indicated in how the Human Growth and Development requirements at all grade levels were met.

Implementing agents were consistently aware of their role in implementing sexuality education policy, but uncertain of what their colleagues were doing. Jack, who works with the curricula indirectly as a physical education teacher, very clearly stated: “In terms of what they receive outside of PE, I can’t tell you very much, actually not very much at all” (personal communication, January 21, 2013).

As opposed to the interaction that might occur among agents regarding other subject areas, participants expressed a very clear avoidance of sexuality education by their colleagues. This was a fact clearly understood by students as well. As Jane stated, “They told me that I had to do it because if I didn’t, nobody else was doing it so that was the biggest feedback” (personal communication, January 21, 2013).

In many rural school districts, schools struggle to hire qualified teachers to meet the needs of their students (Arnold et al., 2005; Beeson & Strange, 2000). As a result, many times responsibilities are given to implementing agents who are not qualified to implement sexuality education policy. As a result, the curricula can be dropped or cut short. Jane shared:

At one point, there was another teacher that was going to be doing sixth-grade health and the first thing that she said when she found out that she was going to be doing health in middle school, she asked that she not teach anything about sex because she didn’t want to. I said that I would

still teach that and she said, “I’m glad that I don’t have to teach that!

(personal communication, January 21, 2013).

Additionally, very little in the way of guidance and resources are provided to sexuality education policy implementing agents. Despite the potentially controversial nature of the topic, agents in both districts reflected on a lack of guidance regarding one-on-one conversations with students about issues of sexuality. Matt commented:

Basically it’s just making sure that they’re giving them the correct information and making sure that if they’re going to be in danger that they’re letting the guidance counselor know, and if the parents need to be involved and we let them be involved (personal communication, January 21, 2013).

This comment also indicated the belief that the sole guidance counselor only played a role in sexuality education when perceived problems arose. In Circle District, the guidance counselor did play a role in “the talk” at the elementary level, as Chris shared:

The one thing we do is with our fifth-graders every year. We do a puberty presentation, and the guidance counselor and myself talk to the fifth-grade boys and the school nurse and fifth-grade women teachers talk to the fifth-grade girls. It’s about an hour and a half presentation, and we go over expectations behaviorally throughout the presentation, and we watch a video and then we have Q & A with that (personal communication, March 7, 2013).

Furthermore, interaction among implementing agents at different educational levels was limited in both districts. Chris, as the elementary principal for the district, commented: “The health education would be part of that but to be honest, I don’t know exactly where that fits in our curriculum cycle so they do more health down at the secondary building here” (personal communication, March 7, 2013).

Interaction with implementing agents in other districts was varied among participants. Jane discussed modifying many curricular materials she received from colleagues in other districts for her own use. “They have a lot of the same resources and follow a lot of the same standards and resources and guidelines that I do. I don’t use things word for word, but I take bits and pieces from them and make them work for what I have” (personal communication, January 21, 2013). Matt also commented, “I don’t remember anything more than just talking with schools that might be going through a site visit and making sure that they were meeting all their Chapter 12 requirements, but I don’t remember any specific conversations about sex or sexuality” (personal communication, January 21, 2013). However, none of the participants indicated participating in a formal network of implementing agents.

Organization and Administration of Sexuality Education

Curricular development collaboration differed between the two districts. In Square District, curriculum decisions mainly rested with the superintendent, who was hired in part because of her curriculum background. By contrast, the work done in Circle District was much more collaborative. This difference highlighted the wide variety of staffing models present in rural districts as administrators attempt to address all

necessary tasks within the district, despite staffing and funding shortages. Similar circumstances may potentially exist in urban districts. However rural districts are differentiated in these situations by size and number of persons responsible for these decisions. In both districts, no specific experience working with sexuality education curricula existed.

Although each district addressed curriculum development somewhat differently, there was consistency in the lack of intentionality that sexuality education policy implementation was given. There is a great deal of focus on the new Core Curriculum being implemented in the state, as well as a total of 25 other states currently, and sexuality education does not explicitly fit into that curriculum. Matt expressed his frustration with the Core as a whole in stating:

Where are we supposed to put that in because most of the people that deal with the Core Curriculum, because it's getting so huge, that's where science teachers are coming from right now that there isn't really the room to put that in unless we do what we do in the middle school with it being more of an exploratory class on a wheel rotation (referring to a course offered periodically, on a rotating basis each year)" (personal communication, January 21, 2013).

Time and scheduling emerged as significant factors impacting sexuality education in Square District. Jane, as the main implementing agent for the district, expressed a desire to include more information, but shared that she was limited by the

block scheduling employed by the district, and the time constraints placed on her. As she put it:

I keep it very basic, and because of block scheduling, I only have the students for fifteen days. Fifteen days goes really fast, and I have other things I need to cover with them, so over the years, I've needed to narrow the lessons down a little bit. We start out with just the basic male and female reproductive anatomy, so they learn the parts and the purposes, and then from there we go into abstinence, and I focus about two class periods on abstinence with them. Then birth control methods and STIs (personal communication, January 21, 2013).

Thus, she was aware of the limits to including additional content, and she made sure students knew they could ask her additional questions as they came up. "Along the way, I tell them that if they have questions about other topics, I will try and get to them, but those are the main things that I hit with the time that I have with them" (personal communication, January 21, 2013). Students rarely approached her with additional questions.

Within the main sexuality curricula in both districts, the focus is on reproduction, pregnancy prevention, and STI awareness. Topics such as identity and sexual orientation are not discussed. Time constraints emerged as the outward precipitating factor that limited curricular content, and implementing agents were aware of this gap in the curriculum. When Jane was asked about including discussions about sexual orientation and identity, she stated:

Generally no, partly because of time, but then also I tell them that we can discuss homosexuality and things like that, but we don't have a lot of time, and I say that the topic will almost take a whole semester just for some of those discussions because they are very personal discussions, and at the high school level, the sexuality education information I give them at the high school level is a bit of a repeat of what I gave them in eighth grade. Then I also tie in more into relationships and dating and marriage and partner selection and things like that (personal communication, January 21, 2013).

Additionally, implementing agents in both districts shared that they were not formally educated or trained to deliver sexuality education. This was especially true of Jack, who after recently graduating from college, and having taught sexuality education, recognized a lack of preparation. When asked if he felt prepared to teach sexuality education, he commented:

No, I don't really. I had some good health classes, but I feel like they just kind of blanketed the information, and so maybe we got into a little discussion about health, but it can be such a controversial topic and how sex ed can be controversial, but I feel like I can tell you once you're really in it, nothing really prepares you. You almost have to be immersed in it to know what to expect (personal communication, January 21, 2013).

Overall, the sexuality education curriculum in both districts was present to meet the policy requirements set forth by the state. Sexuality education policy was seen as a

tertiary subject that didn't necessarily fit nicely into any specific subject area, and was therefore less important. The competing demands of the 2001 "No Child Left Behind" Act (The common name for the reauthorization of the U.S. Elementary and Secondary School Act) and attached state educational policies seemed to leave implementing agents weary. Martha summed up the ambiguity present in the sexuality education policy:

I haven't dug specifically into those things, but there are things that are laid out in Chapter 12 in terms of what we need to teach in our FCS [Family and Consumer Science] program and in middle school, and they're so broad and so general and, like all policies, it doesn't really give you a whole lot of direction on what does a good program really look like and what should it entail and how should it look. None of that is really included in the policy, and I know that it's vague intentionally so that every district can kind of make up their own (personal communication, March 7, 2013).

In addition, students are not assessed on their understanding of the sexuality education provided so it was seen as less significant. Chris went as far as to question how sexuality education fits into the overall educational goals for the school and district. "I'll be honest. I don't know if I see a connection between the educational goals and the sex education" (personal communication, March 7, 2013). Specific aspects of the organization and administration of sexuality education policy were present in each of the two districts that most directly delineated them from one another.

Square District

The actual implementation of the sexuality education policy differed between the two districts. In Square District, the implementing agents were solely responsible for sexuality education. They developed the curricular materials themselves to meet the broad state sexuality education policy. However, they hadn't necessarily given the content a great deal of thought. Matt shared: "You know, I hadn't really thought about it until you asked the question, and I'm not sure if that comes into play with 21st-Century Skills in the Iowa Core or if it even comes into the Iowa Core at all" (personal communication, January 21, 2013).

Sexuality education is indeed broadly mentioned in the 21st-Century Skills as part of the Iowa Core Curriculum. More specifically, it is listed at different age levels under the "Health Literacy" section of the skills document (see Appendix J). However, the broad nature of the language, with terms such as "sexual wellness," "disease prevention," "risk avoidance," along with general discussion of how various outside factors impact health, leave room for a great deal of interpretation. Even more broadly, participants in Square and Circle districts were all aware of the "Human Growth and Development" policy requirement as referenced in Chapter 12.

A general lack of formal curricular materials for the implementation of sexuality education policy also emerged in Square District prominently. Jane was not utilizing any one set of materials, but rather a combination of handouts and activities that she had cobbled together over the course of her career. When asked about materials for the ideal classroom, she quickly pointed out that she had never found an excellent textbook to use, and the school district was unlikely to buy a textbook for only one subject. This was in

part due to financial constraints, in addition to a lack of familiarity with available resources.

Circle District

In Circle District, the sexuality curriculum is varied in how it is administered. District administrators and sexuality education policy implementation agents formed a community partnership with other counties to address teen pregnancy in the area. This community partnership has played a significant role in sexuality education policy implementation in Circle District.

North County Community Partnership. In 1987, the state of Iowa identified teen pregnancy as one of the top five problem areas facing the state in the future. A group of legislators, policy makers, service organization representatives and citizens came together and recommended that the legislature appropriate \$500,000 in state money to the Department of Human Services (DHS) to go towards an adolescent pregnancy prevention project. This program is now called the Community Adolescent Pregnancy Prevention Program (CAPP) (EyesOpenIowa, 2013).

Circle District, as a part of a community partnership, has been a CAPP grantee since 1995. The original goal of the partnership was “to develop a comprehensive, multi-pronged community adolescent pregnancy prevention program serving North County” (Saunders, Landsman, & Graf, 2008, p. 93). The program received \$41,487 in funding during the 2007-2008 fiscal year. The overall effect of the program was a decrease in births to adolescents as a percentage of all births (see table 12).

Table 12

Births to adolescents as a percentage of all births in North County

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|--------------|-------|-------|-------|------|------|------|-------|------|------|------|------|------|------|
| North County | 10.7% | 13.1% | 11.0% | 5.7% | 5.0% | 8.2% | 10.4% | 8.1% | 9.3% | 8.5% | 5.5% | 4.1% | 4.3% |

Source: Saunders, E. J., Landsman, M. J., & Graf, N. (2008). A cross-site evaluation of Iowa's Adolescent Pregnancy Prevention, Intervention, and Community Programs. Iowa City, IA: University of Iowa School of Social Work.

The program was independently staffed, with one individual administering the grant, and two others responsible for all prevention program presentations. These individuals worked directly with staff in the Circle District at the elementary, middle, and high school levels. They presented five different programs and reached a total of approximately 2,000 youth in the county. At the elementary level, students participated in the *Rock N Prevention* and *Parents and Kids Can Talk about Sexuality* programs. Middle school students participated in the *Baby Think It Over* program at the 7th grade level, and the *It Takes Two* program at the 8th grade level, along with attending a speaker's presentation. At the high school level, students participated in *He Says/She Says* programming, and attended a speaker's presentation as well.

Parents and Kids Can Talk About Sexuality. This program was presented to 70 sixth graders in the Circle District elementary school. The lessons focused on “puberty and parent-child interaction privately at home on sensitive topics introduced at school. Children who communicate with their parents are less likely to become teen parents” (Saunders, et. al., 2008, p. 100). Student evaluations for this program are summarized in Table 13.

Table 13

North County Community Partnership Parent and Kids: Summary of responses to content items

| Items | Not At All | A Little More | A Lot More | Mean |
|--|------------|---------------|------------|------|
| I have more skills to resist pressure to have sex | 3.3% | 25.0% | 71.7% | 1.68 |
| I feel more comfortable asking questions of my parents or other trusted adults about sex | 21.7% | 51.7% | 26.7% | 1.05 |
| I know more about the dangers of sexually transmitted diseases and AIDS | 8.3% | 36.7% | 55.0% | 1.47 |
| I feel confident about the decisions I make | 3.3% | 31.7% | 65.0% | 1.62 |
| I know more about the consequences of having a baby as a teenager | .0% | 12.1% | 87.9% | 1.88 |
| I understand how my decisions about sex can change my future | .0% | 12.1% | 87.9% | 1.88 |
| I know more about how the body changes during puberty | 3.3% | 50.0% | 46.7% | 1.43 |
| I understand more about why I should wait to have sex with someone | 3.3% | 25.0% | 71.7% | 1.68 |

Source: Saunders, E. J., Landsman, M. J., & Graf, N. (2008). A cross-site evaluation of Iowa's Adolescent Pregnancy Prevention, Intervention, and Community Programs. Iowa City, IA: University of Iowa School of Social Work.

It Takes Two. This program focused on decision-making around sexuality.

During the 2007-2008 academic year, the program reached 265 youth in eighth grade throughout North County. An assessment of the program and knowledge gained from it

was conducted followed the sessions. A summary can be seen in Table 14. The mean response indicated that young people were overall positive about the presentations.

Table 14

North County Community Partnership It Takes Two: Summary of Responses to content items

| Items | Not At All | A Little More | A Lot More | Mean |
|--|------------|---------------|------------|------|
| I know the importance of talking to a partner about sex | 3.1% | 24.2% | 72.6% | 1.70 |
| I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager | 9.0% | 30.9% | 60.1% | 1.51 |
| I know more about the dangers of sexually transmitted diseases and AIDS | 3.6% | 31.7% | 64.7% | 1.61 |
| I am more likely to think that both sex partners should share responsibility for decisions about birth control | 3.6% | 31.7% | 64.7% | 1.61 |
| I am more clear about the meaning of “No Means No” | 1.3% | 25.9% | 72.8% | 1.71 |
| I feel more strongly that I want to postpone sex in the future | 9.0% | 30.9% | 60.1% | 1.51 |
| I know more about how alcohol and drugs influence my decision to have sex | 4.4% | 39.1% | 56.4% | 1.52 |
| I am less likely to think that I need a boyfriend/girlfriend to feel good about myself | 12.0% | 44.4% | 43.6% | 1.32 |

Source: Saunders, E. J., Landsman, M. J., & Graf, N. (2008). A cross-site evaluation of Iowa’s Adolescent Pregnancy Prevention, Intervention, and Community Programs. Iowa City, IA: University of Iowa School of Social Work.

Baby Think It Over. The *Baby Think It Over* program utilized an infant simulator to create a hands-on experience for 7th graders. The overall objective was to demonstrate the amount of time and responsibility required to take care of a child. A total of 106 students in the district took the “baby” home for two consecutive nights, and evaluations were collected from students. See Table 15 for a summary of student responses. Relatively high average responses indicated that young people felt as though the program had increased their knowledge and changed their beliefs regarding teen pregnancy and sexuality.

Table 15

North Count Community Partnership Baby Think It Over: Summary of responses to content items

| Items | Not At All | A Little More | A Lot More | Mean |
|---|------------|---------------|------------|------|
| I know more about the consequences of having a baby as a teenager | .9% | 28.3% | 70.8% | 1.70 |
| I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager | .9% | 17.0% | 82.1% | 1.81 |
| I am more clear about my attitudes toward unwanted pregnancy | 1.9% | 23.6% | 74.5% | 1.73 |
| I understand more about why I should wait to have sex with someone | .9% | 28.3% | 70.8% | 1.70 |
| I know the importance of talking to a partner about sex | 2.8% | 14.2% | 83.0% | 1.80 |
| I better understand how difficult it is to be a teen parent | .9% | 17.0% | 82.1% | 1.81 |
| I feel more comfortable saying no to sex until I am older | 8.6% | 28.6% | 62.9% | 1.54 |
| I am more likely to think that both sex partner should share responsibility for decisions about birth control | 1.9% | 23.6% | 74.5% | 1.73 |

Source: Saunders, E. J., Landsman, M. J., & Graf, N. (2008). A cross-site evaluation of Iowa's Adolescent Pregnancy Prevention, Intervention, and Community Programs. Iowa City, IA: University of Iowa School of Social Work.

In addition to implementation in the schools, the program also worked with other groups. Faith-based organizations, in the form of 10 separate churches participated in the program in North County. Several civic groups organized events in the district, and other leadership organizations in the district also coordinated outreach activities.

The Circle District's high school has received the CAPP grant since 1995, which is longer than any other entities in the county. Saunders, et. al. (2008) point out that "it is extremely unusual to have a pregnant teen at *Circle*. The teen pregnancy rate has dropped in *North County* also" (p. 96).

Pan Stenzel Presentation

In addition to the programs coordinated as a part of the CAPP grant, several participants in Circle District mentioned bringing in an outside speaker, Pam Stenzel, to talk to students in the school. David mentioned her when asked about feedback from parents or other community members. He stated:

We did have a guest speaker come in just a year ago and talk to our kids about just being safe. She came from probably an abstinence point of view, but she didn't preach that at the kids, which would have killed her. She did spend a lot of time on STDs and gave the kids a lot of statistics and some testimonials about these being lifetime commitments if you get them. We got a lot of response in our kids and they were receptive. She struck a nerve with the kids and we got a lot of compliments from our

parents, so I think for the most part, this district anyway, when it's arming kids with information and knowledge so that they can make wise decisions, they are pretty open to that, and they are pretty on board. I guess that's been my experience, and I was pretty nervous bringing the guest speaker in last year (personal communication, March 7, 2013).

David could not remember her name, although he did recall that she was fairly well known, and that she had been on "Larry King Live" before her school presentation. He mentioned that one of the area Catholic churches had brought her in as a speaker, and so they were able to have her speak in the school for no additional cost. Amy described her as a "pretty conservative speaker," and she was not initially in favor of bringing her in, but she deferred to David in making the decision. She also mentioned that "I'd actually heard her many years ago when she was in (neighboring community), and I think there was some misinformation that was shared there, but if you want to talk about scared straight, at least it had an effect on kids in thinking about it" (personal communication, March 7, 2013). In short, Amy believed that the presentation contained misinformation, but the result was students refraining from future sexual activity in larger numbers, mainly out of fear.

The ends justifying the means were an interesting rationale for inviting in a speaker that a lead administrator in the district did not necessarily support. In other words, the main motivation for authorizing the presentation was achieving the goal of preventing teen sexual activity, and the methods were overlooked as a result. Further investigation revealed the speaker to be Abstinence-advocate Pam Stenzel. Stenzel has

served as a member of the National Abstinence Clearinghouse Advisory Board, and is “one of the country’s most established abstinence-only lecturers” (Goldberg, 2013, para. 1). She travels the country talking about “the consequences--both physical and emotional--of sex outside of marriage” (“Meet Pam”, www.pamstenzel.com). Stenzel has most recently been in the media spotlight after a presentation in West Virginia in which she reportedly told students, “If you take birth control, your mother probably hates you,” and “I could look at any one of you in the eyes right now and tell if you’re going to be promiscuous” (Goldberg, 2013, para. 1).

Noticeably Absent

It should be noted that one area of sexuality education policy implementation was absent from discussions with implementing agents in Circle District. David briefly mentioned having hired a new FCS teacher for the current school year. He stated:

I have a first year teacher in that program, and she is older than I am, so it’s a second career for her. She’s got a daughter that’s close to my daughter’s age, and she’s coming at it with a much different perspective with these kids, and she kind of opened it up and asked what you want to know. And that’s what they asked for, and the first thing they said is, “We want to know more about birth control”. (personal communication, March 7, 2013).

Throughout the interview process, it was never suggested that I speak with this additional implementing agent. Independently, I sought out an interview with her, but my repeated attempts at communication resulted in no reply. Further investigation

revealed that she had also brought in a group of college students from an area university to delivery a program discussing the financial responsibilities of parenthood. The program was directed at young people in grades 7-12.

Overall, the organization and administration of sexuality education policy in the two districts studied represented contrasting approaches. The focus on implementing policy locally in South District was in some ways very different from the more outward looking approach of North District. As a result, North District had access to more resources, but lacked a clear direction and set of objectives regarding how sexuality education policy should be implemented. Aside from teen pregnancy being identified by the state and local community as an issue, North District seemed to cobble together their curricular materials in the same manner as South District. A lack of knowledge and experience with sexuality education policy implementation was consistent between both districts, as was a clear set of objectives, as was seen in other subject areas. Matt may have summed up the overall feelings in stating:

Truthfully, I don't think it's a huge topic area that people in curriculum areas are really talking about. With the Core Curriculum and stuff that way, schools trying to figure out how to infuse all of that into the middle of it, and because it's not even a part of the Core Curriculum, I think it's sort of getting pushed out to the side and truthfully the only time that it ever gets looked at all that much is when you have a site visit and you're trying to get everything in place or you can check it off to say there it is (personal communication, January 21, 2013).

Summary

Four major themes emerge in this study regarding how sexuality education policy is implemented in the rural school districts studied. The values and beliefs of implementing agents represented the first theme. In this instance, personal and professional values and beliefs could not be distinguished from one another, and implementing agents were generally supportive of comprehensive sexuality education from a broad perspective. They were willing to provide curricular materials for young people, and were not significantly influenced by any religious or otherwise conservative belief structures. As a general theme in situated cognition, people tend to pay more attention to information that confirms their pre-existing beliefs and this theme was confirmed in the present dissertation.

The community context emerged as a second significant theme. Prior research has demonstrated the importance of community context in rural communities (Arnold et al., 2005; Atav & Spencer, 2002; Blinn-Pike, 2008). Despite these findings, the present dissertation found the community relatively silent on matters of sexuality and sexuality education. In general, if the implementing agents could rationalize the curriculum, then others in the community deferred to their expertise and were more interested in avoiding sexuality-related conversations themselves. The history of sexuality education policy implementation in both districts was relatively short and unchanged over the years, and school board members were uninterested in the topic. Parents did play a limited role in both districts, and smaller community groups influenced the sexuality education policy implementation in North County.

The interaction among implementing agents was found to be minimal in both districts. Agents acted mostly independently in matters of sexuality education policy, and were generally unaware of the actions of other implementing agents.

Superintendents in both districts were more hands off with sexuality education policy than with other curricular areas, where they played a more significant role in shaping policy. Educators in other subject areas generally avoided the topic of sexuality, and they were pleased that the present implementing agents were responsible for implementing sexuality education policy because they would be uncomfortable doing so themselves. Guidance counselors in both districts played a minimal role as well, with the counselor in Circle District helping to coordinate “the talk” for elementary students. A lack of formal training, and a focus on addressing teen pregnancy were also reflected in the decisions of implementing agents.

Lastly, the organization and administration of sexuality education varied greatly in each district. Policy implementation was a completely internal process in Square District, whereas outside presenters and organizers participated in Circle District. Curricular materials were not cohesive in either district, and represented an assemblage of materials compiled by implementing agents over the years. There was a lack of available outside resources in both districts due to their rural location and the resulting lack of interaction with sexuality education agencies and organizations more generally based in urban locations. A general lack of awareness of the specifics of state policy was present as well, indicating the impact of situated cognition.

The following chapter offers a discussion of the results presented in this chapter. Particular focus is paid to the four themes, and their significance in understanding how implementing agents engage with sexuality education policy from a social cognitive foundation.

Chapter 6

DISCUSSION

Introduction

By examining the values and beliefs of implementing agents, the community context in which sexuality policy is being implementing, the manner in which implementing agents interact, and the overall organization and administration of sexuality education policy, I addressed the research questions in this dissertation. I employed a social cognitive theoretical perspective as my conceptual organizer.

Ultimately, the impact of situated social cognition on implementing agents' decisions with regard to sexuality education was evident and significant. Prior knowledge (Cohen & Weiss, 1993; Guthrie, 1990), social situations and community history (Lin, 2000; Yanow, 1996), professional discourses (Hill, 1999), and informal networks (Coburn, 2001) all impacted the implementing agents' cognitive frameworks. The individual situations and social context of implementing agents fundamentally impacted the manner in which sexuality education policy was implemented in these two rural midwestern school districts (Spillane, Reiser, & Reimer, 2002).

Conclusions

The findings of this dissertation, as reported in Chapter 5, emerged in the form of four distinct themes that together addressed the research questions posed. Thus, the discussion of the findings of this dissertation are also organized around these four themes, which include (a) values and beliefs of implementing agents, (b) the community

context for the implementation of sexuality education policy, (c) the interactions among implementing agents, and (d) the organization and administration of the sexuality education policy as it was understood by the implementing agents.

Together, the findings paint a distinct picture of how sexuality education policy is implemented in these two rural midwestern school districts. Bandura's concept of reciprocal determinism was helpful in interpreting what the participants said, and the four major themes provided concrete examples of the impact of situated social cognition, as cognitive schemas interact in a myriad of ways with organizational context. Taken together, these findings further the discussion of policy implementation by examining a subject area that has thus far received very little attention in policy discussions. The resulting lack of clarity with regard to sexuality education can be taken to task with the aid of this dissertation, and changes can be made which benefit policy makers, implementing agents, students, parents, and community members.

Values & Beliefs

The values and beliefs of implementing agents were of particular interest from a social cognitive perspective (Bandura, 1986; 2001; Cohen & Barnes, 1993; Guthrie, 1990; Jones, 1989). These values and beliefs are informed by personal and professional ideas, social context, opportunities for interaction, and other outside influences. Several significant themes emerged that together painted a picture of the values and beliefs of the implementing agents in these two rural midwestern school districts.

The first, and perhaps most prominent observation, which was seen in both districts, was an avoidance of controversial language. Identity, homosexuality, and

abortion were only mentioned once, by Martha, and did not factor into the implementation of sexuality education policy in either district. The curricula utilized focused mainly on health and reproduction, while also briefly discussing contraception. Despite the topic of our interviews, participants were very careful not to use sexual language or terminology when describing their work to implement policy. This choice of language represented a conservative approach to the topics of sexuality and sexuality education.

Within the culture wars over sexuality education, topics such as homosexuality and abortion have played a significant role. This has led to opponents demanding that discussions of these topics be left out of schools (Fields, 2008; Klein, 2006). Despite these strong beliefs on a national stage, they seemed to manifest themselves much more covertly in these two rural communities. I did not get the outward sense that the absence of these topics in these two rural midwestern school districts was a product of particular beliefs on the part of implementing agents. However, the lack of these topics as a part of the public community dialogue suggests that there is an implicit agreement to remain silent on such issues in these two communities. As a result, implementing agents feel less obligated to address them, in part due to the subtle pressure to avoid them so as not to break the silence. The lack of examination of issues of identity and sexuality beyond more basic biological and reproductive functions seems to be more a product of the rural community in which the curricula are being delivered, and the implied conspiracy of silence that puts pressure on implementing agents to avoid such discussions. In terms of adolescent development, much more discussion of identity would seem warranted.

Coupled with this fact is an overall lack of time to provide sexuality education, and a process of prioritizing, which doesn't view identity as important for young peoples' education as other sexuality-related topics. The lack of priority given to sexuality-related topics may result from a number of different influences. On the surface, the pressure of standardized testing and the implementation of the core curriculum certainly directs agents away from giving attention to topics such as sexuality, which are seen as non-essential and are not assessed. More fundamentally, the pressure to remain silent on matters of sexuality may make it much easier for implementing agents to prioritize other topics ahead of sexuality in order to maintain the status quo in the community. In a sense, a self-fulfilling prophecy is enacted. Implementing agents don't receive vocal objections to sexuality education, so they are able to focus on other topics that seem to be of more concern to parents and other community members. In doing so, sexuality is not explored in great detail, and the avoidance of the topic that parents and community members may desire is realized. In both districts, implementing agents seemed fully aware of the inherent risk in delving too deep into matters of sexuality with students, and saw avoidance, supported by a manufactured lack of interest, as the path of least resistance.

Although participants in both districts avoided in-depth interrogations of sexuality and sexual identity in terms of how they discussed sexuality education, many of them viewed it as significantly important to the overall growth and development of the students they worked with in the classroom. Several participants felt as though young people did not receive enough sexuality education, and that more information was

important. However, that desire for more information did not immediately extend beyond additional work to prevent teenage pregnancy and STI contraction, and would have presumably been implemented through identical pedagogical methods. A sense of obligation ran throughout the participants, although it was unclear if that obligation was to provide sexuality education as a specific subject, or in viewing sexuality education as one example of larger educational obligations.

Family and parenting factored in to the values and beliefs of implementing agents as well. Several participants disclosed that they were parents themselves. With this in mind, participants overwhelmingly and simultaneously stated that the responsibility for sexuality education should rest first with parents, and that parents were not providing that education. This has been validated by the research (e.g. Darroch, Landry, & Singh, 2000; Oster, 2010). This resulted in them feeling more of an obligation to provide the sexuality education that young people were not receiving at home. As David stated, “I also think that since schools are about educating young folks and not just in math and science...that’s our attempt to say that’s going to be a part of your life and so you need to learn to manage this too” (personal communication, March 7, 2013).

The debate over sexuality education has prominently featured religious beliefs (Committee on Government Reform- Minority Staff, Special Investigations Unit, 2004; D’Emilio & Freedman, 1998; Seidman et al., 2006). In addition, rural communities are typically viewed as more conservative religiously, which has a direct impact on their values and beliefs regarding sexuality and sexuality education (Kirst & Bulkley, 2000; Orr, 1998; Stone, 1998). Despite these facts, the topic of religion did not outwardly

factor into the values and beliefs of implementing agents. Only one participant, Amy, disclosed religious beliefs, and at no point did the values and beliefs of any of the implementing agents seem to be guided or impacted by their religious affiliation. On the contrary, participants discussed the conservative nature of their communities but did not bring up any of the prominent conservative arguments against sexuality education. In addition, they received no feedback from parents or community members challenging their values and beliefs on religious grounds.

There was an overall feeling of trust in the implementing agents on the part of both communities that seemed to trump any potential religious or other objections to the way in which sexuality education policy was being implemented. However, implementing agents in both communities have not challenged or tested that trust in any capacity, seemingly due to the willingness of agents to remain silent. This silence has served as a form of resistance and enabled the repression of more comprehensive sexuality education efforts. It would seem that in this instance, silence speaks volumes about the controversial nature of sexuality education and consistent objections by those who identify with the religious right.

The notion of “midwestern nice” is prevalent in Iowa, as it is in many other midwestern states. This idea, in varying forms, refers to the general tendency for most individuals to avoid potentially controversial discussions and language, and keep more assertive and direct thoughts private, except when ideas challenge their overall worldviews. Having grown up in the Midwest myself, I can attest to the reality of this cultural approach, and the ramifications for violating it.

Sexuality education policy implementing agents in the Midwest thus find themselves in a difficult position. They are being asked to provide an important component of human growth and development education for students, discussing matters that are typically seen as private and have emerged as controversial. At the same time, they are trying to adhere to cultural expectations regarding heteronormative, patriarchal family ideals, gender identity and gender roles, and overall expressions of sexuality, not only of their rural community, but also of the Midwest as an entire region of the country. The result, for these implementing agents, was a hesitation to disclose many of their own values and beliefs, and remain open to hearing the values and beliefs of colleagues and other community members, regardless of whether they agree with them.

Several of these implementing agents very clearly made a conscious decision to engage in sexuality policy implementation. They were invested in the development of their students and expressed being motivated to share information they saw as vital but not otherwise provided to students. Other implementing agents were merely serving in that role because it fell under their jurisdiction as an administrator for the school district. What became clear from those most actively involved in sexuality education policy implementation was a general comfort with the topic. As one participant, Jane, put it, “if you aren’t comfortable teaching it, you shouldn’t be teaching health and FCS” (personal communication, January 21, 2013). However, the content they were most comfortable with was limited, which demonstrated the tendency for people to pay more attention to information that confirms their pre-existing beliefs.

Community Context

The second theme to emerge from this research study involved the role of the community in the implementation of sexuality education policy. Previous research examining sexuality education in rural communities has highlighted the role of the community in implementation (Arnold et al., 2005; de Coste, 2011; Smith & DiClemente, 2000). However, this research was conducted mainly in southern rural communities (Fields, 2008). My dissertation sought to examine sexuality education policy implementation in rural midwestern communities, which have thus far been unexamined in current scholarship. Previous sexuality research in rural midwestern communities has been mainly limited to examinations of sexual behavior (Dake et al., 2011; Dake et al., 2011; Moore, Barr, & Johnson, 2013).

Researchers have looked at the role of community in rural midwestern communities broadly (DeYoung, 1987; Edington & Koehler, 1987; Houck, 2004; McClelland, 1997). Influences from the community factor into a social cognitive examination of the implementing agents involved in sexuality education. Findings from this dissertation, however, indicate that the communities themselves had very little direct influence on the implementing agents' work with sexuality education policy. However, implementing agents were cognizant of overarching community standards, values, and beliefs, which they took into account when implementing sexuality education policy and instruction. This awareness and resulting action on represented the vicarious capacity of implementing agents as they developed their ideas concerning sexuality education by observing others' actions in the community. Participants discussed receiving very little

feedback from the community regarding the implementation of sexuality education policy, and none of the participants in either school district were aware of additional community efforts to provide sexuality education. This knowledge of a lack of additional sexuality education initiatives in the community informed agents' underlying assumptions of the social climate of the communities they served.

Participants did note several community factors that influenced the way in which they implemented sexuality education policy. First, young people have less access to health services in rural midwestern communities. This limits their access to contraceptives and other birth control methods, as well as general reproductive medical care. Additionally, educational programs provided by medical facilities in larger communities were not readily available to these communities either.

Participants in both districts also noted that no additional resources were available in either community should they or the students wish to seek them out. This lack of resources left the implementing agents with an even greater responsibility as the sole providers of sexuality education in the community. This overall lack of resources came as a surprise to me, given the wealth of readily available information through regional and national sexuality education advocacy groups and healthcare providers. Thus, the lack of resources not only present, but being utilized, spoke to the desire of implementing agents and community members to incorporate these resources into their community. It is much easier to avoid sexuality-related topics when you eliminate the availability of resources that would have the potential to spark such discussions among students and community members alike. Yet again, this silence spoke to the enactment

of a self-fulfilling prophecy of an avoidance of more comprehensive sexuality education topics.

Participants in both communities also discussed a lack of parent interest in being involved in the delivery of sexuality education. All agents felt that parents should be the main sexuality educators in the community, but were aware that parents were generally not having conversations with their children about sexuality. Additionally, parents did have the option to remove their children from sexuality education lessons, but very few chose to do so each year. This was true of both districts.

This lack of engagement on the part of parents again suggests a concerted effort by implementing agents and parents to remain silent on matters of sexuality in the community. The overt implication by participants was that parents were not comfortable having sexuality-related discussions with their children. However, when viewed in the context of previous observations, this lack of interest may more clearly demonstrate a much more intentional effort to avoid and ignore these important issues. It is relatively impossible today, through media saturation, to avoid being exposed to matters of sexuality, so this lack of interest and avoidance likely represents an intentional effort to shelter young people from matters of sexuality which they perceive to be socially, morally, or religiously inappropriate.

The only overt community connection occurred in North County. There, Pam Stenzel, who was brought in as an outside speaker, was contracted in part by the Catholic Church in the area. The church then contacted the school to inquire about their interest in having her come in to speak, and Circle District agreed, despite reservations

from the superintendent. Here, the Catholic Church, as a majority religious denomination in the county, directly and intentionally provided a more conservative, abstinence-only sexuality education message to young people. This incident suggests a more generalized community belief system that does not fully support comprehensive sexuality education but instead demonstrates more socially conservative values and beliefs.

Although Circle District did not have an abstinence-only policy, they supported the church's efforts. In this way, the implementing agents in the district deferred to a religious organization in the community that had a more vested interest in sexuality education policy implementation. This decision on the part of implementing agents demonstrates that they generally understood the role of religion as a regulator in the community for implementing sexuality education, even if they were not willing to publicly acknowledge it as such.

Implementing Agents' Interactions

The third theme for this research emerged based in large part on the social cognitive theoretical framework utilized. One of the foundational aspects of social cognitive theory is the understanding that individuals, or implementing agents in this case, make sense of the world around them in part based on their interaction with those around them. In the case of this dissertation, I looked specifically at the interaction among implementing agents in each school district to ascertain what, if any impact these interactions had on the manner in which sexuality education policy was implemented.

What I found was a general lack of direct interaction, both specifically with other implementing agents, and with other educators more broadly.

Although general social interaction did occur, the topic of sexuality education was not discussed and did not form the basis for the interaction that did occur. The same was true of implementing agents' interactions with community members regarding sexuality education. As previously discussed, a conspiracy of silence was pervasive. These cognitive experiences had a significant impact on the future behavior of implementing agents.

Among all participants, Jack was the only implementing agent to comment on how his undergraduate teacher preparation program prepared him to implement sexuality education policy. He very clearly shared that aside from general health education preparation, he did not feel as though he was prepared to implement sexuality education policy. Further document analysis revealed that sexuality education was not typically a required component of teacher education programs in the state or country as a whole (Blanchett, 2009). Jack shared, "I had some good health classes, but I feel like they just kind of blanketed the information and so maybe we got into a little discussion about health" (personal communication, January 21, 2013). Surprisingly, other participants did not even mention their teacher preparation in the context of sexuality education. This suggests that for these agents, sexuality education was not a central part of their necessary knowledge base when preservice teachers (Blanchett, 2009; Sorace, 2010). The lack of available sexuality education preparation at these preservice teacher programs no doubt had an impact of the self-efficacy of the implementing agents,

leaving them with a lack of ideas concerning their own abilities to implement such policies.

In addition to a lack of preparation to implement sexuality education policy, participants also discussed a lack of professional development opportunities. Sexuality education policy was not seen as a main programming topic at professional meetings that agents attended. Implementing agents did not receive additional sexuality education training from administrators, the school district, or the state of Iowa.

In addition, participants were unaware of additional professional development opportunities for which they might have access. State organizations, such as EyesOpenIowa, which provides sexuality education curriculum training and resources, do exist but implementing agents expressed no knowledge of these information sources. This lack of opportunities to interact with other implementing agents left participants to decide for themselves how best to implement sexuality education policy, often with very minimal resources. More importantly, it contributed to the development of moral agency among implementing agents, thereby influencing how they developed moral standards with regard to sexuality education.

The turnover of teachers in both districts also served as a barrier to interaction. Broadly speaking, turnover among educators in rural communities is higher than in urban communities (Beeson & Strange, 2000; Bouck, 2004). In Square District, Jane had been in the district for her entire career. By contrast, Jack was relatively new to the district, and did not anticipate spending the remainder of his career in the district. In Circle District, implementing agents commented on the recent turnover in FCS teachers.

The current FCS teacher was completing her first year in the position, after replacing the previous teacher, who only served in the role for a year. As a result, other implementing agents were relatively unaware of her approach to sexuality education policy implementation. No suggestion was made to interview her, and I received no response to repeated requests for an interview.

Implementing agents' contact with other agents external to the district was also significantly limited. Outside of professional meetings, participants had very little communication with educators in other districts, or more broadly in the state. The growth of online education resources, listservs, blogs, forums, and depositories has given the impression that implementing agents are in regular contact with colleagues across the state and country. The reality, at least for implementing agents in these two districts, was they were relatively isolated in terms of contact with other sexuality education-implementing agents. This was the case, as well, in electronic means of communication. Participants were not aware of specific online resources at their disposal, and generally did not reach out for guidance concerning sexuality education.

Overall, sexuality education policy implementing agents tended to only engage in dialogue regarding sexuality education when problems arose or issues were perceived as impacting neighboring districts. Teen pregnancy was the lone topic discussed by all participants with external implementing agents. Additionally, participants in Circle District commented on discussions about the sexual activity of students in their districts.

These discussions only came about when students shared information about their sexual activity online through social media sources. Otherwise, implementing agents

were not monitoring social media sites, and were not proactively discussing sexuality education policy implementation with colleagues. In my estimation, this was largely due to the administrative and community culture of silence around matters of sexuality and sexuality education. The incentives to remain silent and avoid engaging in further conversations beyond those that meet the state policy requirements did not exist. On the contrary, it was in the best interest of implementing agents in both districts to keep their heads down and avoid engaging students in any discussions that may raise eyebrows in their socially conservative communities.

Organization & Administration of Sexuality Education Policy

The fourth and final theme to emerge from this research study was the manner in which the organization and administration of sexuality education policy emerged in each district. Neither district had a significantly well-established history of delivering sexuality education, and the implementing agents involved only documented the minimal history that did exist orally. Overall, sexuality education policy is part of a much larger system of state and federal educational policies in the state. In the context of this system of policies, sexuality education emerged as a very low priority. This prioritization reflects the relative attractiveness of sexuality education, which is a major theme in situated cognition.

The combined pressures of other state policy and curriculum mandates and overt community insistence on silence contributed to the lack of prioritization of sexuality education. It was clear from my research that implementing agents were under a great deal of pressure to meet the outcomes mandated by “No Child Left Behind” and the core

curriculum. This was demonstrated in the frequency with which they referred to these obligations, and their awareness of how administrators and others would in the district would be assessing them. The pressure to produce positive assessment results in key academic categories, such as math and science, not only prevented implementing agents from spending more time on the development of effective sexuality education policy implementation strategies and curriculum development, but also provided them with a convenient way to avoid the topic of sexuality all-together. This opportunity to avoid more intentional engagement with sexuality education policy allowed agents to remain silent and continue to adhere to the pressures to conform to the values and beliefs of the communities they served.

For both districts, the focus on core subjects such as math and science was very high. In Circle District, these two subject areas were the focus of recent curriculum review, and part of a larger curriculum review schedule. Sexuality education, however, was not a clear part of that curricular review process. In Square District, the lack of a clear administrator for curriculum matters meant no distinct curriculum review cycle existed. As a result, the sexuality education curriculum that was being implemented had not changed significantly in close to twenty years, along with the educator responsible for implementing it. Implementing agents in neither district were aware of the recently released sexuality education curriculum standards, which had not be distributed by school administrators at the local or state level (National Sexuality Education Standards, 2012). In addition, agents did not belong to any state or national organizations or listservs where they standard may have been discussed or distributed.

After closely examining curriculum materials and discussing materials with implementing agents, it also became clear that the materials each district possessed were either outdated or lacked comprehensive information. As a result of the poor quality and lack of access to quality curricular materials, implementing agents in both districts were forced to cobble together handouts, activities, and resources from a variety of external sources to shape their lessons. This lack of clear, comprehensive, and up-to-date curricular materials severely hindered the ability of implementing agents in both districts to implement sexuality education policy effectively. Furthermore, implementing agents in both districts expressed a lack of knowledge about where to find additional resources should they wish to improve the manner in which they implement sexuality education policy.

This reality lies in stark contrast to the high student access to technology in both districts. Implementing agents were mainly concerned with regulating students' computer use to prevent inappropriate web surfing, and viewing of questionable video content. Students had access to computers via a one-to-one laptop program in one district, and individual classroom computers in another district. Despite the readily available nature of technology resources, online sexuality education information was not utilized within the policy implementation process. Instead, implementing agents made the assumption that students would navigate towards (perceived) "inappropriate" content, and effort was committed to regulating that behavior. In this sense, the regulation of student computer access mirrored the regulation of sexuality education information in both districts. Agents had a distinct awareness that sexuality-related video

and other content was readily available to students, but did not feel comfortable utilizing it appropriately and instead sought to suppress it entirely.

As is the case in many communities across the country, a lack of time to effectively cover all material also emerged as a significant hindrance to implementing sexuality education policy (Berlinger, 1990; Firestone et al., 1994; Miller & Paikoff, 1992) However, I would argue that school districts make time for curricular areas they designate as priorities, suggesting that sexuality education was not seen as a legitimate priority in either district. Again, the relative attractiveness of sexuality education was low in relation to other curricular areas. In Square District, Jane very clearly indicated that any discussions about sexual orientation and identity were beyond the scope of her ability within the given timeframe, especially if she was going to address sexuality-related topics, such as reproduction, pregnancy prevention, and STI/HIV awareness, which were perceived as more important. In Circle District, an outside presenter, Pam Stenzel, was in part seen as beneficial because she represented a one-day session that met the state's policy requirements without taking a significant amount of time away from core subject areas. A clear awareness of the pressure to pass site visit reviews by accrediting organizations and state Department of Education representatives represented a strong motivating factor in both districts. This pressure to win approval from the state seemed to have as much impact on the organization and administration of all curricula as the effectiveness of the curricula itself.

The emergence of these four themes in the research study served to accurately address the research questioned posed. Whereas the answers to some questions were

quite clear, other questions continue to leave the door open for more information to be gathered. The following policy and practice recommendations may serve to further the investigation into the implementation of sexuality education policy in rural communities, as well as strengthen the implementation of the policy itself.

Policy Recommendations

It can be argued that by implementing policy, we make policy. In other words, the policy as it is implementing tends to be different than it was originally envisioned by policymakers, and thereby creates a new version of the policy itself. This was directly seen in the present dissertation.

As a result, the line between policy-making and policy implementation is very thin. In fact, “the boundaries between policymaking and policy implementation are rather permeable because policy ‘implementation will always be evolutionary; it will inevitably reformulate as well as carry out policy” (Majone & Wildavsky, 1979, p. 177, as cited in Spillane, 1996, p. 65). This relationship was made clear through the present dissertation. Although the state sexuality education policy as written is generally comprehensive in nature, it is also broad enough such that implementing agents were able to make numerous choices about how and what to actually discuss with students. As such, these findings provide us with several recommendations for more effective implementation of sexuality education policy in rural midwestern school districts.

First, policymakers must strengthen the clarity of sexuality education policy in the state. The locus of control in education has always rested with local communities (Mitchell, 2011). This was true of the two school districts that made up this dissertation.

As a result, much of the educational policy written into law is left intentionally vague in order to allow local school districts the flexibility to implement policies in a manner which best fits their community's needs (Alexander, 2002). In core subject areas such as math and science, where implementing agents have a wide variety of curricula to choose from, all of which are laid out in great detail, this flexibility is an asset. Implementing agents in both districts commented on this fact. However, in an area such as sexuality education, where a much less significant number of tested and medically accurate curricula exist, the lack of clarity presents problems for implementing agents.

Much more of the responsibility to craft the way that sexuality education policy is implemented falls to the implementing agents themselves, and this is despite a lack of resources to assist them in this process. More clarity and specificity in the general policy guidelines would provide implementing agents with a much clearer starting point from which to develop curricula to meet the needs of their communities. This clarity may eventually allow other cognitive components, which currently influence policy decisions at the local level, to have less influence. A lack of understanding of the policy in place was evident on the part of participants in both districts.

The need for this additional clarity is a direct result of the fact that implementing agents are in fact policymakers themselves. Spillane (1996) suggests that we must acknowledge that local central administrators are policymakers. This has implications for state policymakers as they attempt to align state policy in order to provide more thorough guidance for local implementing agents. Clarity of policy is especially important with regard to a controversial topic such as sexuality education (Fields, 2008;

Jeffries et al., 1999; Landry, Kaeser, & Richards, 1999; Luker, 2006; . Unfortunately, more comprehensive state policy models do not generally exist as models that Iowa can model their own policy on.

As this dissertation has revealed, a lack of resources and guidance for implementing agents has left rural school at a disadvantage when it comes to the implementation of sexuality education policy. These disadvantages are magnified by the size of rural districts relative to more urban districts (Barnett & Hurst, 2003; Debertin & Goetz, 1994; Polivka, 1996). “To provide more coherent guidance for classroom teachers, state policymakers have to take a more active role in making policy on instruction” (Spillane, 1996, p. 85). In other words, state policymakers must first seek to understand the unique needs of rural districts with regard to sexuality education prior to crafting policy. Concerns such as time and resources certainly impact non-rural school districts as well, but in these smaller districts, where implementing agents are solely responsible for implementing sexuality education policy, this guidance is key if sexuality education is to become a priority.

On the flip side, the lack of guidance and clarity of policy at the state level also leaves the door open for local districts to play a larger role in shaping sexuality education policy. Local districts have the potential to shape sexuality education policy through yearly curriculum review initiatives. They can interpret state policy broadly and provide more comprehensive sexuality education for students. However, as this dissertation has shown, local administrators are reluctant to take the lead in this effort

due to the controversial nature of the topic, as well as the same silence that impacts the work of implementing agents.

Additionally, Local school districts need to allocate the necessary resources to help train and prepare implementing agents to provide accurate and effective comprehensive sexuality education. As has been previously noted, many university teacher preparation programs (Asencio et al., 1995; Howard-Barr et al., 2005) do not currently prepare teachers to implementing sexuality education policy, so school districts need to seek out additional sources of professional development. This is particularly difficult in rural school districts, where not only are resources limited, but personnel are limited and turnover is frequent as well.

State policymakers and local implementing agents rarely discuss assessment of sexuality education programs. The current educational policy focus on assessment and accountability, characterized by No Child Left Behind, has its critics, such as Diane Ravitch, and is far from a perfect system. It may not be ideal, but I believe it is necessary to engage in policy discussions about assessing sexuality education if we are to enter the educational culture of the moment. The traditional quantitative data that serve as a marker of effectiveness in sexuality education is limited to teen pregnancy rates, STI contraction rates, and rates of premarital sexual activity. As chapters two and three illustrate, sexuality encompasses much more than simply biological and reproductive activity. Thus, we must look at other quantitative and qualitative measures of outcomes in deciding how to assess sexuality education. Sexuality education policy must reflect these assessment measures.

Practice Recommendations

Throughout this dissertation, the connection between policy and practice has been illuminated in the way that implementing agents make sense of the sexuality education policy at their state level. The agents in the two rural midwestern school districts studied were largely left to implement sexuality education as they saw best, without much guidance from the state Department of Education, nor any other external agencies. Several recommendations for improved practice emerged as a result of this examination and resulting implications as I saw them.

First, pre-service teacher preparation needs to be improved with regard to developing an understanding of effective comprehensive sexuality education. Teacher preparation programs across the country and more specifically in the state of Iowa do not do an adequate job (Asencio et al., 1995; Howard-Barr et al., 2005) of preparing future educators for classroom conversations around topics of sex and sexuality. Comments from participants in both districts indicated as much.

Such conversations are not and should not be limited to specific “health” lessons, nor do students only ask relevant questions during these lessons. As such, educators at all levels must be prepared to intelligently and developmentally discuss these topics and help students feel comfortable with their own identities and their sexuality (Hymowitz, 2003; Price et. al., 2003). Failing to do so leaves the task up to a sexually stereotyped and obsessed media that is already vying for student attention and engagement.

Second, sexuality educators, as implementing agents, must receive more professional development opportunities at all levels (Ball & Cohen, 1999). Previous

researchers have demonstrated that teachers are ill equipped to address issues of sexuality in the classroom (Hymowitz, 2003; Price et. al., 2003). Participants in this dissertation indicated no available professional development opportunities related to sexuality education.

Sexuality education is often thought of as an additional subject requiring teaching experience and very basic content knowledge. However, if we are going to move towards a form of sexuality education, which is beneficial to children and teachers alike, as should be our goal, we need to be providing these educators with proper training in order to convey information effectively and accurately. Increased engagement between implementing agents will allow for a more thorough understanding of sexuality education policy and how best to implement it.

Ultimately, every teacher is a sexuality educator. In every classroom teachers give sexual messages as students learn how the teacher acts as a male or female; how the teacher responds to sex-related behaviors, comments, innuendos, jokes; and what is expected of them because they are male or female. On the contrary, participants in both districts viewed their roles in implementing sexuality education as individual tasks that colleagues were thankful to avoid. Thus, although every teacher influences students' sexual learning, few acknowledge this role- or make the most of it. Overall, "many professionals are in the position of communicating about sexual issues. They include social workers, psychologists, community organizers, nurses and physicians, health educators, college professors and staff, and teachers of all subjects" (Irvine, 1995,

p.xvii). Allowing implementing agents to share their experiences with colleagues and destigmatize sexuality in local schools would enable increased dialogue as well.

In addition to professional development activities, the state Department of Education has a responsibility to provide more resources for sexuality education implementing agents. Although the state has and continues to give local districts control over implementation, the organization of resources to better equip districts to work with sexuality education curricula would be beneficial. A lack of resources in the state of Iowa was found in the course of this dissertation. These additional resources may help to encourage the use of unconventional pedagogical techniques for implementation as well (Firestone et. al., 1994). Implementing agents would also benefit from state-supported workshops to discuss the newly released sexuality education curriculum guidelines and how they can be utilized in local districts.

Fourth, implementing agents and the school districts they work in would do well to look for more opportunities to leverage community resources. This dissertation demonstrated a relative disconnect between implementing agents and the community. Although rural districts are more hesitant to solicit outside presenters to assist in the implementation of sexuality education policy (Jane- Square District), these organizations may still be able to provide value resources and teaching techniques to assist implementing agents. For the most part, the conspiracy of silence prevented this partnership in both districts.

Lastly, I am recommending that an online network of sexuality educators be established in the state. This dissertation brought to light that sexuality education policy

implementing agents in these rural midwestern districts are fairly isolated and see relatively few outlets for advice and discussion. However, some rural districts are increasingly making use of technology to enable students to gain access to greater amounts of information and educational sources (Gray, Thomas, & Lewis, 2010). Online professional development networks for sexuality educators in specific geographic areas do not currently exist, but would provide implementing agents with a peer-based network to ask questions and share ideas.

These recommendations emerged directly from the findings of this dissertation. Implementing agents' social cognitive behaviors as they engaged with sexuality education policy allowed me to interpret their responses and offer relevant recommendations for the improvement of sexuality education policy implementation in rural midwestern school districts. More research is necessary to gain a broader understanding of how sexuality education policy is implemented in rural midwestern communities, as this dissertation is not necessarily generalizable beyond its current context, nor was it intended to be so. As such, limitations to this dissertation exist.

Limitations

As with any research study, limitations existed and must be acknowledged. First, all participants indirectly identified as Caucasian, heterosexual, and from the same state they were currently teaching in, which has a relatively homogenous population, as has already been discussed. These participants were therefore not necessarily demographically representative of all sexuality education policy implementation agents in the state. In addition, the refusal to be interviewed of one implementing agent from

Circle District represents additional insight into the research questions that was not gathered. Her responses may have provided additional insight into the way in which sexuality education policy was implemented in the district. Additionally, her previous experiences may have been significantly different than those of her peers and offered a counterpoint to the emergent themes in the dissertation.

Additionally, the focus on two school districts represents a limitation. Although acknowledged as qualitatively sound for case study research, additional sites could have provided as yet unknown findings that may have impacted the present dissertation. The data collected through interviews and document analysis did indeed achieve data saturation. However, more time in the field and prolonged discussions with implementing agents may have revealed additional themes and information regarding the research questions presented as well.

More generally, the small sample size of qualitative research means generalizability cannot be assumed. That was the case with this dissertation as well. Additionally, an urban school district in the state was not identified and studied, so comparisons between urban and rural districts cannot be made in this instance. Key community members outside of the school, such as parents, clergy, and political leaders were also not interviewed as a part of this dissertation. These interviews may have provided additional insight into how agents implement sexuality education policy. Lastly, I did not interview students during this research project. Students offer a unique perspective on how sexuality education policy is implemented as the direct recipients of

those curricula. Each of these limitations is important to note as researchers look to the future.

Implications for Future Research

The present dissertation examined how sexuality education implementing agents in rural midwestern school districts engaged with state policies and made sense of them from a social cognitive perspective. The findings revealed a great deal about the nature of sexuality education in two rural school districts in the state of Iowa that had not previously been studied. In addition, these findings left room for additional research, which could examine other aspects of the nature of sexuality education in the rural Midwest that as yet is an under-researched topic.

The first area for future research consideration is evaluation and assessment. The topic of assessment is one that has been the focus of a great deal of research in other subject areas. Since many agents are not implementing specific, organized programs in sexuality education, an analysis of the effectiveness of their cobbled-together programs may reveal something about what should or could be included in more tailored programs to meet the needs of rural school districts. This may take the form of curriculum analysis or implementation effectiveness from the standpoint of agents, community members, or students.

Additional perspectives on sexuality education policy implementation in rural midwestern school districts and larger communities are also needed. Future research should attempt to capture the perspectives of a wider range of implementing agents, including school board members, who are critical considering their influence and

decision-making authority over sexuality education policies and programs. An examination of student attitudes and beliefs in rural districts should also be explored. Although a difficult task to gain access to minors, future studies should aim to understand the role of students in the sexuality education policy implementation process. The perspectives of implementing agents who are also parents in these same rural communities presents an additional strand for future research. A focus on how implementing agents determine what is and is not acceptable to include in sexuality education curricula would also be informative.

A closer examination of the communities being served by these rural midwestern school districts represents an important area for future research as well. Rural communities tend to possess a greater religious affiliation (Beeson & Strange, 2000; Brewster et al., 1998; Putnam, 2000; Waller, 2004), and those same religious groups have expressed concern over sexuality education policy in the past (Beeson & Strange, 2000; Waller, 2004). Although the present dissertation found a general lack of religious influence overtly on sexuality education policy implementation, further research is needed to determine the larger context in rural midwestern communities. This need for a larger qualitative study of rural midwestern school districts in the state and beyond is reflected in the larger need as well.

Lastly, a closer examination of the multicultural inclusiveness of curricula in rural districts is needed. Participants in both studies failed to discuss identity and sexual orientation with students as a part of the sexuality education policy implementation process. This lack of inclusion of the full scope of sexuality is indicative of a larger gap

in multicultural education in largely homogenous monocultural rural midwestern communities, such as the two studied.

Summary and Conclusion

This examination of sexuality education policy implementation from the viewpoints of those agents responsible for it represents a first step in a much larger journey. Overall, the notion of “rural” as a demographic placeholder is changing, and is simultaneously seen as positive and a hindrance, depending on goals. There is no question that school districts matter in policy discussions. They shape the opportunities that implementing agents have to learn about instruction in general and state policy in particular (Spillane, 1996). As such, local district control of not only policy implementation, but policy making means sexuality education policy has the potential to be shaped at a grass-roots level by implementing agents themselves.

The future of sexuality education in rural communities is at a crossroads. A lack of more thorough sexuality education is in part a by-product of the rural health disparities that exist more broadly (Morton, 2003). A lack of access to quality sexuality education contributes to the reproduction of social inequalities present in rural communities as well (Bourdieu, 1989; Firestone et. al., 1994). The findings from this dissertation suggest that materials are simply pieced together to form some semblance of a curriculum, often by implementing agents acting independently and without guidance from colleagues or administrators. As Jane stated, “I don’t use things word for word but I take bits and pieces from them and make them work for what I have” (personal

communication, January 21, 2013). Would a statement such as this be acceptable if we were discussing math or science?

There is no question that additional work needs to be done in order to establish the same policy standards for sexuality education that we have come to expect in other core subject areas. However, we must continue to be mindful of the additional cultural implications of the decisions we make with regard to how we education our children on issues of sexuality. As the culture wars surrounding sexuality education rage on, the perspectives of rural midwestern implementing agents lend an importance voice to the discussion. Understanding those voices from a social cognitive theoretical framework allows us to make connections between those individual agents and the communities they serve.

At a national summit on sex education in Washington, D.C. in November of 2009, William Smith, Vice President of Public Policy at the Sexuality Information and Education Council of the United States, reiterated the views shared by Fields (2008), Irvine (2002), Luker (2006), and Moran (2000). He asserted that the abstinence-only sex education movement was never really about having sex or not having sex; it has always been about a larger agenda involving women's rights, gay rights, reproductive rights, and youth rights, issues at the heart of the American culture wars. His statements made it quite clear that he was aware of the significance of patriarchy in our society. As recent political controversies have so aptly demonstrated, there is a lot at stake when it comes to controlling people's bodies and thus their minds.

While these wars are not yet concluded, there is evidence to suggest that the battles over the issue of providing young people with information about sexuality are dying down. Limited resources and more recent attempts to regulate women's bodies' paint a much larger picture of what is at stake with the larger cultural issues. Debates over access to contraception, birth control, and abortion have further polarized U.S. political discussions, and elected officials have been quick to associate themselves with one side or the other in order to win votes. It is even more telling that many of these discussions have taken place exclusively and poignantly by White men, as women and young people have been excluded. This further demonstrates the engrained nature of patriarchy and the impact it has on these cultural debates. Many of these decisions continue to be made while ignoring the voices of those they impact. If these issues are to be truly resolved and an armistice is established in these culture wars, the views and perspectives of everyone involved must be heard. This dissertation represents an attempt at giving voice to those in a community that is often left out of discussions, and also the importance of the intersection of these voices in implementing policy and facilitating change.

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APPENDIX A

Guidelines and Recommendation for Comprehensive Sexuality Education

| Sources of Guidelines | Medically Accurate | STD/ HIV | ABS. | Decision-Making, Values, Respons. | Comm. & Behavior Skills | Puberty | Basics of Repro. |
|---|--------------------|----------|------|-----------------------------------|-------------------------|---------|------------------|
| Planned Parenthood | X | X | X | X | X | X | X |
| American Academy of Pediatrics | X | X | X | X | X | X | X |
| American Medical Assoc. | X | X | X | X | | | X |
| American Public Health Assoc. | X | X | X | X | X | X | X |
| Society for Adolescent Medicine | X | X | X | X | | | |
| World Health Organization | X | X | X | | X | X | X |
| American College of Obstetricians & Gynecologists | X | X | X | | | | |

| Sources of Guidelines | Condoms | Contraceptives | Relationships | Sexual Orientation & Gender |
|---|---------|----------------|---------------|-----------------------------|
| Planned Parenthood | | X | X | X |
| American Academy of Pediatrics | X | X | X | X |
| American Medical Assoc. | X | X | | X |
| American Public Health Assoc. | X | X | X | X |
| Society for Adolescent Medicine | X | X | | X |
| World Health Organization | X | X | X | |
| American College of Obstetricians & Gynecologists | X | X | | |

Note: Descriptive Note. Adapted from “What School Teach Our Patients About Sex: Content, Quality, and Influences on Sex Education,” by S. T. Lindau, A. S. Tetteh, K. Kasza, and M. Gilliam, 2008, *Obstetrics & Gynecology*, 111 (2, part 1), pp. 258-259.

APPENDIX B
National Health Education Standards

National Health Education Standards

HEALTH EDUCATION STANDARD 1 - Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Rationale

The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models. Concepts that focus on both health promotion and risk reduction are included in the performance indicators.

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|--|--|--|---|
| 1.2.1. identify that healthy behaviors impact personal health. | 1.5.1 describe the relationship between healthy behaviors and personal health. | 1.8.1. analyze the relationship between healthy behaviors and personal health. | 1.12.1 predict how healthy behaviors can impact health status. |
| 1.2.2. recognize that there are multiple dimensions of health. | 1.5.2 identify examples of emotional, intellectual, physical, and social health. | 1.8.2. describe the inter-relationship of emotional, intellectual, physical, and social health in adolescence. | 1.12.2. describe the interrelationships of emotional, intellectual, physical, and social health. |
| 1.2.3. describe ways to prevent communicable diseases. | 1.5.3. describe ways in which a safe and healthy school and community environment can promote personal health. | 1.8.3. analyze how the environment impacts personal health. | 1.12.3. analyze how environment and personal health are interrelated. |
| | | 1.8.4. describe how family history can impact personal health. | 1.12.4. analyze how genetics and family history can impact personal health. |
| 1.2.4. list ways to prevent common childhood injuries. | 1.5.4. describe ways to prevent common childhood injuries and health problems. | 1.8.5. describe ways to reduce or prevent injuries and other adolescent health problems. | 1.12.5. propose ways to reduce or prevent injuries and health problems. |
| 1.2.5. describe why it is important to seek health care. | 1.5.4 describe when it is important to seek health care. | 1.8.6. explain how appropriate health care can promote personal health. | 1.12.6. analyze the relationship between access to health care and health status. |
| | | 1.8.7. describe the benefits of and barriers to practicing healthy behaviors. | 1.12.7. compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors. |
| | | 1.8.8. examine the | 1.12.8. analyze |

| | | | |
|--|--|---|---|
| | | likelihood of injury or illness if engaging in unhealthy behaviors. | personal susceptibility to injury, illness or death if engaging in unhealthy behaviors. |
| | | 1.8.9. examine the potential seriousness of injury or illness if engaging in unhealthy behaviors. | 1.12.9. analyze the potential severity of injury or illness if engaging in unhealthy behaviors. |

HEALTH EDUCATION STANDARD 2 - Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Rationale

Health is impacted by a variety of positive and negative influences within society. This standard focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviors among youth including personal values, beliefs and perceived norms.

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|--|---|---|--|
| 2.2.1 identify how the family influences personal health practices and behaviors. | 2.5.1 describe how family influences personal health practices and behaviors. | 2.8.1 examine how the family influences the health of adolescents. | 2.12.1 analyze how family influences the health of individuals. |
| | 2.5.2. identify the influence of culture on health practices and behaviors | 2.8.2. describe the influence of culture on health beliefs, practices and behaviors. | 2.12.2. analyze how culture supports and challenges health beliefs, practices and behaviors. |
| | 2.5.3. identify how peers can influence healthy and unhealthy behaviors. | 2.8.3. describe how peers influence healthy and unhealthy behaviors. | 2.12.3. analyze how peers influence healthy and unhealthy behaviors. |
| 2.2.2. identify what the school can do to support personal health practices and behaviors. | 2.5.4. describe how the school and community can support personal health practices and behaviors. | 2.8.4. analyze how the school and community can impact personal health practices and behaviors. | 2.12.4. evaluate how the school and community can impact personal health practice and behaviors. |
| 2.2.3. describe how the media can influence health behaviors. | 2.5.5. explain how media influences thoughts, feelings, and health behaviors. | 2.8.5. analyze how messages from media influence health behaviors. | 2.12.5. evaluate the effect of media on personal and family health. |
| | 2.5.6. describe ways technology can influence personal health. | 2.8.6. analyze the influence of technology on personal and family health. | 2.12.6. evaluate the impact of technology on personal, family and community health. |
| | | 2.8.7. explain how the perceptions of norms influence healthy and unhealthy behaviors. | 2.12.7. analyze how the perceptions of norms influence healthy and unhealthy behaviors. |
| | | 2.8.8. explain the influence of personal values and beliefs on individual health practices and | 2.12.8. analyze the influence of personal values and beliefs on individual health practices and |

| | | | |
|--|--|---|---|
| | | behaviors. | behaviors. |
| | | 2.8.9. describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. | 2.12.9. analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. |
| | | 2.8.10. explain how school and public health policies can influence health promotion and disease prevention. | 2.12.10. analyze how public health policies and government regulations can influence health promotion and disease prevention. |

HEALTH EDUCATION STANDARD 3 - Students will demonstrate the ability to access valid information and products and services to enhance health.

Rationale

Accessing valid health information and health-promoting products and services is critical in the prevention, early detection, and treatment of health problems. This standard focuses on how to identify and access valid health resources and to reject unproven sources. Applying the skills of analysis, comparison and evaluation of health resources empowers students to achieve health literacy.

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|---|--|---|--|
| 3.2.1. identify trusted adults and professionals who can help promote health. | 3.5.1. identify characteristics of valid health information, products and services. | 3.8.1. analyze the validity of health information, products and services. | 3.12.1. evaluate the validity of health information, products and services. |
| 3.2.2. identify ways to locate school and community health helpers. | 3.5.2. locate resources from home, school and community that provide valid health information. | 3.8.2. access valid health information from home, school, and community. | 3.12.2. utilize resources from home, school and community that provide valid health information. |
| | | 3.8.3. determine the accessibility of products that enhance health. | 3.12.3. determine the accessibility of products and services that enhance health. |
| | | 3.8.4. describe situations that may require professional health services. | 3.12.4. determine when professional health services may be required. |
| | | 3.8.5. locate valid and reliable health products and services. | 3.12.5. access valid and reliable health products and services. |

HEALTH EDUCATION STANDARD 4 - Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Rationale

Effective communication enhances personal, family, and community health. This standard focuses on how responsible individuals use verbal and non-verbal skills to develop and maintain healthy personal relationships. The ability to organize and to convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|---|--|--|--|
| 4.2.1. demonstrate healthy ways to express needs, wants and feelings. | 4.5.1. demonstrate effective verbal and non-verbal communication skills to enhance health. | 4.8.1. apply effective verbal and nonverbal communication skills to enhance health. | 4.12.1. utilize skills for communicating effectively with family, peers, and others to enhance health. |
| 4.2.2. demonstrate listening skills to enhance health. | 4.5.2. demonstrate refusal skills to avoid or reduce health risks. | 4.8.2. demonstrate refusal and negotiation skills to avoid or reduce health risks. | 4.12.2. demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks. |
| 4.2.3. demonstrate ways to respond when in an unwanted, threatening or dangerous situation. | 4.5.3. demonstrate non-violent strategies to manage or resolve conflict. | 4.8.3. demonstrate effective conflict management or resolution strategies. | 4.12.3. demonstrate strategies to prevent, manage or resolve interpersonal conflicts without harming self or others. |
| 4.2.4. demonstrate ways to tell a trusted adult if threatened or harmed. | 4.5.4. demonstrate how to ask for assistance to enhance personal health. | 4.8.4. demonstrate how to ask for assistance to enhance the health of self and others. | 4.12.4. demonstrate how to ask for and offer assistance to enhance the health of self and others. |

HEALTH EDUCATION STANDARD 5 - Students will demonstrate the ability to use decision-making skills to enhance health.

Rationale

Decision-making skills are needed in order to identify, implement and sustain health-enhancing behaviors. This standard includes the essential steps needed to make healthy decisions as prescribed in the performance indicators. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve quality of life

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|---|---|--|--|
| | | 5.8.1. identify circumstances that can help or hinder healthy decision making. | 5.12.1. examine barriers that can hinder healthy decision making. |
| 5.2.1. identify situations when a health-related decision is needed. | 5.5.1. identify health-related situations that might require a thoughtful decision. | 5.8.2. determine when health-related situations require the application of a thoughtful decision-making process. | 5.12.2. determine the value of applying a thoughtful decision-making process in health related situations. |
| 5.2.2. differentiate between situations when a health-related decision can be made individually or when assistance is needed. | 5.5.2. analyze when assistance is needed when making a health-related decision. | 5.8.3. distinguish when individual or collaborative decision making is appropriate. | 5.12.3. justify when individual or collaborative decision making is appropriate. |
| | 5.5.3. list healthy options to health-related issues or problems. | 5.8.4. distinguish between healthy and unhealthy alternatives to health-related issues or problems. | 5.12.4. generate alternatives to health-related issues or problems. |
| | 5.5.4. predict the potential outcomes of each option when making a health-related decision. | 5.8.5. predict the potential short-term impact of each alternative on self and others. | 5.12.5. predict the potential short and long-term impact of each alternative on self and others. |
| | 5.5.5. choose a healthy option when making a decision. | 5.8.6. choose healthy alternatives over unhealthy alternatives when making a decision. | 5.12.6. defend the healthy choice when making decisions. |
| | 5.5.6. describe the outcomes of a health-related decision. | 5.8.7. analyze the outcomes of a health-related decision. | 5.12.7. evaluate the effectiveness of health-related decisions. |

HEALTH EDUCATION STANDARD 6 - Students will demonstrate the ability to use goal-setting skills to enhance health.

Rationale

Goal-setting skills are essential to help students identify, adopt and maintain healthy behaviors. This standard includes the critical steps needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|--|--|---|---|
| | | 6.8.1. assess personal health practices. | 6.12.1. assess personal health practices and overall health status. |
| 6.2.1. identify a short-term personal health goal and take action toward achieving the goal. | 6.5.1. set a personal health goal and track progress toward its achievement. | 6.8.2. develop a goal to adopt, maintain, or improve a personal health practice. | 6.12.2. develop a plan to attain a personal health goal that addresses strengths, needs, and risks. |
| 6.2.2. identify who can help when assistance is needed to achieve a personal health goal. | 6.5.2. identify resources to assist in achieving a personal health goal. | 6.8.3. apply strategies and skills needed to attain a personal health goal. | 6.12.3. implement strategies and monitor progress in achieving a personal health goal. |
| | | 6.8.4. describe how personal health goals can vary with changing abilities, priorities, and responsibilities. | 6.12.4. formulate an effective long-term personal health plan. |

HEALTH EDUCATION STANDARD 7 - Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Rationale

Research confirms that practicing health enhancing behaviors can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk taking behaviors. This standard promotes accepting personal responsibility for health and encourages the practice of healthy behaviors.

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|--|---|---|---|
| | 7.5.1. identify responsible personal health behaviors. | 7.8.1. explain the importance of assuming responsibility for personal health behaviors. | 7.12.1. analyze the role of individual responsibility for enhancing health. |
| 7.2.1. demonstrate healthy practices and behaviors to maintain or improve personal health. | 7.5.2. demonstrate a variety of healthy practices and behaviors to maintain or improve personal health. | 7.8.2. demonstrate healthy practices and behaviors that will maintain or improve the health of self and others. | 7.12.2. demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others. |
| 7.2.2. demonstrate behaviors to avoid or reduce health risks. | 7.5.3. demonstrate a variety of behaviors to avoid or reduce health risks. | 7.8.3. demonstrate behaviors to avoid or reduce health risks to self and others. | 7.12.3. demonstrate a variety of behaviors to avoid or reduce health risks to self and others. |

HEALTH EDUCATION STANDARD 8 - Students will demonstrate the ability to advocate for personal, family and community health.

Rationale

Advocacy skills help students promote healthy norms and healthy behaviors. This standard helps students develop important skills to target their health enhancing messages and to encourage others to adopt healthy behaviors.

Performance Indicators

| Pre-K-2 | 3-5 | 6-8 | 9-12 |
|---|--|--|--|
| 8.2.1. make requests to promote personal health. | 8.5.1. express opinions and give accurate information about health issues. | 8.8.1. state a health enhancing position on a topic and support it with accurate information. | 8.12.1. utilize accurate peer and societal norms to formulate a health-enhancing message. |
| 8.2.2. encourage peers to make positive health choices. | 8.5.2. encourage others to make positive health choices. | 8.8.2. demonstrate how to influence and support others to make positive health choices. | 8.12.2. demonstrate how to influence and support others to make positive health choices. |
| | | 8.8.3. work cooperatively to advocate for healthy individuals, families, and schools. | 8.12.3. work cooperatively as an advocate for improving personal, family and community health. |
| | | 8.8.4. identify ways that health messages and communication techniques can be altered for different audiences. | 8.12.4. adapt health messages and communication techniques to a specific target audience. |

"Cited from Pre-publication document of National Health Education Standards, PreK-12, American Cancer Society. December 2005 - August 2006"

APPENDIX C

National Sexuality Education Standards

Standards by Grade

| GRADE | | Core CC | A n a l Influences IF | Accessi Information I | Interperson Communication C | Decision- DM | Goal GS | Self-Management SM | Advocacy DV |
|---|--|--|-----------------------------|-----------------------------|-----------------------------------|-----------------|------------|-----------------------|----------------|
| ANATOMY & | | | | | | | | | |
| By the end the 2nd students be able | Use names for parts, male female AP.2.CC. | | | | | | | | |
| PUBERTY AND ADOLESCENT | | | | | | | | | |
| IDENTIT | No | | | | | | | | |
| By the end the 2nd students be able | Describ differences similarities how boys girls may expected to ID.2.CC. | Provide of how family, society culture ways in boys and think they ac ID.2.INF. | | | | | | | |
| PREGNANCY AND | | | | | | | | | |
| By the end the 2nd students should be able | Explain that living PR.2.CC. | | | | | | | | |
| SEXUALLY TRANSMITTED DISEASES | | | | | | | | | |
| HEALTHY | No | | | | | | | | |
| By the end the 2nd students be able | Identify kinds of structure HR.2.CC. | Demonstrate to show respect different types familie HR.2.IC. | | | | | | | |
| | Describe characteristi of a HR.2.CC. | Identify healthy for friends to feelings to each HR.2.IC. | | | | | | | |

| PERSONAL | | Core CC | Annual InfluencesNF | Access InformationAU | Interperson CommunicationC | Decision- DM | Goal GS | Self-Management SM | AdvocacyDV |
|--|--|--|------------------------|--|--|-----------------|------------|--|------------|
| By the end the 2nd students be able | | Explain that people, children, the right tell others to touch body when do not to be PS.2.CC. | | Identify and other adults they can if they are uncomfortabl about touche PS.2.AI. | Demonstrate how respond if is touching them in way that makes feel PS.2.IC. | | | Demonstrate to clearly say how to leave uncomfortabl situation, and to identify talk with a adult if is touching in a way makes them uncomfortabl PS.2.SM. | |
| | | Explain bullying teasing PS.2.CC. | | | | | | | |
| | | Explain bullying teasing wron PS.2.CC. | | Identify and other adults they can if they are bullied or PS.2.AI. | Demonstrate how respond if is bullying or the PS.2.IC. | | | | |

GRADE

Core
CC

Anal
Influences
NF

Accessi
Information
AI

Interperson
Communication
C

Decision-
DM

Goal
GS

Self-Management
SM
Advocacy
DV

ANATOMY &

By the end
the 5th
students
be able

Describe
and
reproductiv
systems
body parts
their
AP.5.CC.

Identify
accurat
information
female and
reproductiv
anatom
AP.5.AI.

PUBERTY AND ADOLESCENT

By the end
the 5th
students
be able

Explain
physical,
and
changes
occur
puberty
adolescen
PD.5.CC.

Describe
friends,
media,
and culture
influence
about body
PD.5.INF.

Identify
accurat
information
resources
puberty
personal
PD.5.AI.

Explain ways
manage the
and
changes
with
PD.5.SM.

Explain how
timing of
and
developme
varie
considerabl
and can
be
PD.5.CC.

Identify
or other
adults of
students can
questions
puberty
adolescent
issue
PD.5.AI.

Describe
puberty
human
for the
to
PAD.5.CC.

IDENTITY

By the end
the 5th
students
be able

Define
orientation
the
attraction of
individual
someone of
different
gender or
ID.5.CC.

Identify
or other
adults of
students can
questions
sexual
ID.5.AI.1

Demonstrate
to treat others
dignity and
ID.5.SM.1

Demonstrat
ways students
work together
promote
and respect for
peopl
ID.5.ADV.

| Core CC | Anal InfluencesNF | Accessi InformationAU | Interperson Communication | Decision- DM | Goal GS | Self-Management SM | AdvocacyDV |
|--|---|--|--|---|------------|--|---|
| PREGNANCY AND | | | | | | | |
| By the end the 5th students be able | Describe the of reproductio PR.5.CC. | | | | | | |
| SEXUALLY TRANSMITTED DISEASES | | | | | | | |
| By the end the 5th students be able | Define HIV age methods transmissio as well as to SH.5.CC. | | | | | | |
| HEALTHY | | | | | | | |
| By the end the 5th students be able | Describe characteristi of relationship HR.5.CC. | Compare and negative friends and can relationship HR.5.INF. | Identify and other adults they talk to relationship HR.5.AI. | Demonstrate ways to differences of while relationship HR.5.IC. | | Demonstrate to treat others dignity and HR.5.SM. | |
| PERSONAL | | | | | | | |
| By the end the 5th students be able | Define harassment bullying explain they are PS.5.CC. | Explain people harass or other PS.5.INF. | Identify and other adults they can if they are teased, harassed bullied | Demonstrate ways communicate how one is treat PS.5.IC. | | Discuss ways in students respond when are or else is being harassed or PS.5.SM. | Persuade others take action someone is being harassed or PS.5.ADV. |
| | Define harassment sexual PS.5.CC. | | Identify or other adults they can if they are sexually or abused | Demonstrate skills (e.g. clear statement, away, repeat PS.5.IC. | | | |

GRADES

Core CC A n a l Influences NF Accessi Information AI Interperson Communication C Decision-Making Goal GS Self- SM Advocacy DV

ANATOMY AND

By the end the 8th students be able
Describe and female systems body parts their
AP.8.CC.

PUBERTY AND ADOLESCENT

By the end the 8th students be able
Describe physical, cognitive emotional changes adolescents
PD.8.CC.

Analyze friends, media, and culture influence concept and image
PD.8.INF.

Identify accurate of adolescence development sexualit
PD.8.AI.

Demonstrate use of a making and possible of adolescents mak
PD.8.DM.1

IDENTIT

By the end the 8th students be able
Differentiat between identity, expressio and orientatio
ID.8.CC.

Analyze influences have an on one's about gender, orientation gender
ID.8.INF.

Access information gender and orientatio
ID.8.AI.1

Communicat respectfully and about of all identities, expressions and orientation
ID.8.IC.1

Develop a plan promote and respect all people in school
ID.8.ADV.

Explain the of gender
ID.8.CC.

PREGNANCY AND

By the end the 8th students be able
Define intercourse its to reproductio
PR.8.CC.

Examine alcohol and substances, family, society and influence about sexual
PR.8.INF.

Demonstrate use of communication to support decision to from sexual
PR.8.IC.

Define abstinenc as it to preventio
PR.8.CC.

| Core CC | Anal InfluencesNF | Accessi InformationAI | Interperson Communication | Decision-Making Goal DMGS | Self- SM | AdvocacyDV |
|---|---|--|--|--|---|------------|
| PREGNANCY AND REPRODUCTION | | | | | | |
| By the end the 8th students be able | Explain the benefits, risks effectiveness of various of includi abstinen and PR.8.CC. | Identify accurate about prevention reproductiv health PR.8.AI. | Demonstrate use of communicatio and skills about the of including and PR.8.IC. | Apply a making to various health PR.8.DM.1 | Describe the to using a correct PR.8.SM. | |
| Defin emergenc. contraceptio and its PR.8.CC. | Identify accurat informatio about contraceptio PR.8.AI. | | | | | |
| Describe signs symptoms a PR.8.CC. | Identify accurate sources pregnancy- information support pregnancy safe policies prenatal PR.8.AI. | | | | | |
| Identify practices that contribute to healthy PR.8.CC. | | | | | | |
| SEXUALLY TRANSMITTED DISEASES | | | | | | |
| By the end the 8th students be able | Define including and how are and are transmitte SH.8.CC. | Identify accurat information STDs, including SH.8.AI. | | | | |
| Compare contrast includin abstinen to the transmissio from SH.8.CC. | Analyze impact of and drugs on sexual making sexual SH.8.INF. | Demonstrate use of communication to reduce or risk for STDs, HI SH.8.IC. | Develop a to eliminate reduce risk STDs, HI SH.8.GS. | Describe the to using a correct SH.8.SM. | | |

GRADES 6-8

| Core | | A n a l Influences | Accessi Information | Interperson Communication | Decision-Making Goal | Self- | Advocacy |
|--|--|---|--|---|--|---|----------|
| C: | | IF | I | | GO | SM | ADV |
| SEXUALLY TRANSMITTED DISEASES AND HIV | | | | | | | |
| By the end the 8th students be able | Describe signs, and impacts of including SH.8.CC. | | Identify local and HIV and resource SH.8.AI. | | | | |
| | Compare contrast characteristi of and relationship HR.8.CC. | Analyze the in which family, society and can relationship HR.8.INF. | | | | Explain the for the health a HR.8.SM. | |
| | Describe potential of differences as age, status position relationship HR.8.CC. | | | | | | |
| | Analyze similarities difference between friendship and relationship HR.8.CC. | | | Demonstrat communication that foster relationship HR.8.IC. | | | |
| | Describe range of people affection various of HR.8.CC. | | | Demonstrate ways to personal and show respect the boundaries other HR.8.IC. | | | |
| HEALTHY | Describe advantages disadvantages communicatin using and social HR.8.CC. | Analyze the of and social on and HR.8.INF. | | Demonstrate skills to agreements about use of technology relationship HR.8.IC. | Develop a to stay safe using medi HR.8.GS. | Describe to use social safely, and HR.8.SM. | |

| PERSONAL | Core CC | Anal InfluencesNF | Accessi InformationAI | Interperson Communication | Decision-Making Goal | | Self- SM | AdvocacyADV |
|--|--|----------------------|---|--|----------------------|--|---|--|
| | DM | ES | | | | | | |
| By the end the 8th students be able | Describe situations behaviors constitut bullying, harassmen sexual sexual incest, rape dating PS.8.CC. | | Identify of support as parents other adults that can go to if are or they know being harassed, or PS.8.AI. | Demonstrate ways communicate trusted adults bullying, abuse or PS.8.IC. | | | Describe ways treat others dignity and PS.8.SM. | Advocate for environment that dignified respectf treatment of PS.8.ADV. |
| | Discuss impacts bullying, harassmen sexual sexual incest, rape dating and why they wrong PS.8.CC. | | | | | | Demonstrate they can when someone being bullied harasse PS.8.SM. | |
| | Explain that one has the to touch else in a manner if do not to be PS.8.CC. | | | | | | | |
| | Explain a person has been or assaulted is at PS.8.CC. | | | | | | | |

GRADES

| GRADES | | | | | | | |
|---|---|--|--|---|---|---|---|
| Core CC | A n a l InfluencesNF | Accessi InformationAI | Interperson CommunicationC | Decision- DM | Goal GS | Self- SM | AdvocacyDV |
| ANATOMY AND | | | | | | | |
| By the end the 12th students be able | Describe human response including the hormones AP.12.CC. | | | | | | |
| | PUBERTY AND ADOLESCENT | | | | | | |
| By the end the 12th students be able | Analyz how developme has an impact cognitive, and changes adolescence early PD.12.CC. | Analyze friends, media, and culture influence concept and imag PD.12.INF. | | Apply a making model various relating to health PD.12.DM.1 | | | |
| | IDENTIT | | | | | | |
| By the end the 12th students be able | Differentiat between biologic sex, orientation, gender and ID.12.CC. | Analyze influence friends, media, and culture the of gender, orientation identit ID.12.INF. | | | | Explain how promote respect, and ID.12.SM.1 | Advocate school and that dignity respect for ID.12.ADV. |
| | Distinguis between orientation sexual and identit ID.12.CC. | | | | | | |
| PREGNANCY AND | | | | | | | |
| By the end the 12th students be able | Compare contrast advantages disadvantag of and contraceptiv methods includin condom PR.12.CC. | Analyz influence that may an impact deciding or when engage in behavior PR.12.INF. | Access accurat information contraceptiv methods includin abstinence condom PR.12.AI. | Demonstrate ways communicate about whether when to engage sexual PR.12.IC. | Apply a making to choices contraceptio includin sexual abstinence condom PR.12.DM.1 | Describe the to using a correct PR.12.SM. | |

| Core CC | Anal Influences INF | Access Information AI | Interperson Communication C | Decision- DM | Goal GS | Self- SM | Advocacy DV |
|--|--|--|-----------------------------------|---|------------|-------------|----------------|
| PREGNANCY AND REPRODUCTION | | | | | | | |
| By the end the 12th students be able | Defin emergenc contraceptio and describe mechanism actio PR.12.CC. | Access accurat informatio and about contraceptio PR.12.AI. | | | | | |
| Identify laws related reproductiv and health services contraceptio pregnanc options, surrende policies, care PR.12.CC. | | | | | | | |
| Describ the signs pregnanc PR.12.CC. | Analyze and influences decisions pregnancy PR.12.INF. | Access accurat information pregnancy PR.12.AI. | | | | | |
| Describe practices can to or a pregnanc PR.12.CC. | Analyze that decisions whether when to become paren PR.12.INF. | Access accurat information prenatal service PR.12.AI. | | Assess the and needed to a PR.12.DM.2 | | | |
| Compare contrast laws to adoption abortion parentin PR.12.CC. | | | | | | | |

GRADES 9-12

SEXUALLY TRANSMITTED DISEASES

| Core C | Personal Influences PI | Access to Information AI | Interperson Communication IC | Decision-Making DM | Goal G | Self-Monitoring SM | Advocacy ADV |
|---|--|--|--|--|--|---|--|
| By the end of the 12th students be able | Describe common symptoms of STDs, HI SH.12.CC. | Explain how access to local and HIV service SH.12.AI. | Demonstrate skills to communicate with partner about STD prevention SH.12.IC. | Apply a making to about safer practices, abstinence condom SH.12.DM.1 | | Analyze responsibility for testing for STDs and status SH.12.SM. | |
| | Evaluate effectiveness of condoms and safer sex in preventing spread of including SH.12.CC. | Analyze that may condom use other safer decision SH.12.INF. | Access accurate prevention information STDs, including SH.12.AI. | | Develop a to eliminate reduce risk STDs, HI SH.12.GS. | Describe the to using a correct SH.12.SM. | Advocate sexually youth to STD/HIV and SH.12.ADV. |
| | Describe laws related sexual health services, STD and HIV and SH.12.CC. | | | | | | |

HEALTHY

| | | | | | | | |
|---|---|---|--|---|--|--|--|
| By the end of the 12th students be able | Describe characteristics of healthy, unhealthy, romantic, sexual SH.12.CC. | Explain how can one's beliefs what a healthy relationship SH.12.INF. | Demonstrate how to valid and resources help deal relationship SH.12.AI. | Demonstrate strategies to or end an relationship SH.12.IC. | | | |
| | Describe range of ways express within relationship SH.12.CC. | | | | | | |
| | Define consent explain implications sexual making SH.12.CC. | Analyze including and substances, that affect the ability give or perceive provision of to sexual SH.12.INF. | Demonstrate ways to personal boundaries they relate to and sexual SH.12.IC. | | | Demonstrate for the of others as relate to and sexual SH.12.SM. | |

| Core CC | Anal Influences INF | Accessi Information AI | Interperson Communication C | Decision- DM | Goal Settings S | Self- SM | Advocacy ADV |
|---|---|--|---|--|--------------------|--|--|
| HEALTHY | | | | | | | |
| By the end the 12th students be able | Evaluate potential positive negative of and social in HR.12.CC. | | | | | Describe to use social safely, legally respectfull HR.12.SM. | |
| PERSONAL | | | | | | | |
| By the end the 12th students be able | Compare contrast and behaviors may bullying, harassme sexual incest, rape dating PS.12.CC. | Access resources help if or they know being or or have sexually abused assaulte PS.12.AI. | Demonstrate ways to with trusted about harassment, abuse assau PS.12.IC. | | | | Advocat for environment that dignified respectf treatment everyon PS.12.ADV. |
| | Analyze laws related bullying, harassmen sexual incest, rape dating PS.12.CC. | Describe impacts of difference (e.g., age, or sexual within relationship PS.12.INF. | Demonstrate to access information resources survivors of abuse, incest, sexual sexual assault dating PS.12.AI. | Identify ways in they could when someone is being bullied harasse PS.12.IC. | | | |
| | Explain using threats coercion relationships wron PS.12.CC. | Analyze external and messages impact about sexual sexual abuse, assault, incest, and dating PS.12.INF. | | | | | |
| | Explain a person has been or assaulted is at PS.12.CC. | | | | | | |

APPENDIX D

Iowa State Educational Profile

National Center for Education Statistics

State Profiles Application - Data From CCD: 2010-2011

NCES is not responsible for the manner in which this data is presented. This data is provided as an extra service to the user. To view the data online, please go to the NCES State Profiles home page. <http://nces.ed.gov/programs/stateprofiles/>

| | IOWA | U.S. (average)* |
|---|-------------|----------------------------|
| Total Number of Schools | 1,487 | 1,988 |
| Total Students | 495,775 | 970,278 |
| Total, All Grades- male | 255,611 | 497,862 |
| Total, All Grades- female | 240,164 | 470,812 |
| Total Students- Amer Ind/AK Native | 2,362 | 11,077 |
| Total Students- Asian/Pacific Islander (*) | 10,623 | 48,183 |
| Total Students- Black | 25,215 | 155,135 |
| Total Students- Hispanic | 42,295 | 223,522 |
| Total Students- White | 404,160 | 507,984 |
| Total Students- Two or more Races | 11,120 | 22,771 |
| Prekindergarten Students | 27,211 | 25,072 |
| Kindergarten Students | 39,306 | 72,197 |
| First Grade Students | 35,369 | 73,606 |
| Second Grade Students | 35,121 | 72,562 |
| Third Grade Students | 34,939 | 72,271 |
| Fourth Grade Students | 35,071 | 72,771 |

| | | |
|----------------------------------|-----------|-------------------|
| Fifth Grade Students | 35,336 | 72,892 |
| Sixth Grade Students | 35,080 | 72,197 |
| Seventh Grade Students | 35,416 | 72,084 |
| Eighth Grade Students | 35,263 | 71,753 |
| Ninth Grade Students | 36,984 | 78,585 |
| Tenth Grade Students | 36,540 | 74,507 |
| Eleventh Grade Students | 36,435 | 69,382 |
| Twelfth Grade Students | 37,704 | 68,076 |
| Ungraded Students | N/A | 2,318 |
| Free Lunch Eligible | 149,977 | 394,820 |
| Reduced-price Lunch Eligible | 38,509 | 66,818 |
| LEP/ELL Students | 21,733 | 58,462 |
| Individualized Education Program | 68,498 | 125,576 |
| Total Teachers | 34,642.08 | 60,766.56 |
| Total Staff | 69,614.93 | 121,474.65 |
| Pupil/Teacher Ratio | 14.31 | 15.97 |

NOTE: N/A means not available. The counts of enrollment by sex are aggregated from school-level data and may not sum to the number of total students reported by the state.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Public Elementary/Secondary School Universe Survey", 2010-11, Version 2a; and "Local Education Agency Universe Survey", 2010-11, Version 2a; and "State Nonfiscal Survey of Public Elementary/Secondary Education", 2010-11, Version 1a.

APPENDIX E

IA Code § 279.50

2013 Iowa Code

TITLE VII EDUCATION AND CULTURAL AFFAIRS

SUBTITLE 6 SCHOOL DISTRICTS

CHAPTER 279 DIRECTORS — POWERS AND DUTIES

279.50 Human growth and development instruction.

Universal Citation: IA Code § 279.50 (through 2013)

279.50 Human growth and development instruction.

1. Each school board shall provide instruction in kindergarten which gives attention to experiences relating to life skills and human growth and development as required in section 256.11. School districts shall use research provided in section 256.9, subsection 50, paragraph b , to evaluate and upgrade their instructional materials and teaching strategies for human growth and development.
2. Each school board shall provide age-appropriate and research-based instruction in human growth and development including instruction regarding human sexuality, self-esteem, stress management, interpersonal relationships, domestic abuse, HPV and the availability of a vaccine to prevent HPV, and acquired immune deficiency syndrome as required in section 256.11, in grades one through twelve.
3. Each school board shall annually provide to a parent or guardian of any pupil enrolled in the school district, information about the human growth and development curriculum used in the pupil s grade level and the procedure for inspecting the instructional materials prior to their use in the classroom.
4. Each school district shall, upon request by any agency or organization, provide information about the human growth and development curriculum used in each grade level and the procedure for inspecting and updating the instructional materials.
5. A pupil shall not be required to take instruction in human growth and development if the pupil s parent or guardian files with the appropriate principal a written request that the pupil be excused from the instruction. Notification that the written request may be made shall be included in the information provided by the school district.
6. Each school board or community college which offers general adult education classes or courses shall periodically offer an instructional program in parenting skills and in human growth and development for parents, guardians, prospective biological and adoptive parents, and foster parents.
7. Each area education agency shall periodically offer a staff development program for teachers who provide instruction in human growth and development.
8. The department of education shall identify and disseminate information about early intervention programs for students who are at the greatest risk of suffering from the problem of dropping out of school, substance abuse, adolescent pregnancy, or suicide.

9. For purposes of this section and sections 256.9 and 256.11, unless the context otherwise requires:

- a. Age-appropriate means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.
- b. HIV means HIV as defined in section 141A.1.
- c. HPV means human papilloma virus as defined by the centers for disease control and prevention of the United States department of health and human services.
- d. Research-based means all of the following:

(1) Complete information that is verified or supported by the weight of research conducted in compliance with accepted scientific methods; recognized as medically accurate and objective by leading professional organizations and agencies with relevant expertise in the field, such as the American college of obstetricians and gynecologists, the American public health association, the American academy of pediatrics, and the national association of school nurses; and published in peer-reviewed journals where appropriate.

(2) Information that is free of racial, ethnic, sexual orientation, and gender biases.

10. To the extent not inconsistent with this section and section 256.11, an accredited nonpublic school may also choose curriculum in accordance with doctrinal teachings for the human sexuality component of the human growth and development requirements of this section and section 256.11.

11. Nothing in this section or section 256.11 shall be construed to prohibit a school or school district from developing and making available abstinence-based or abstinence-only materials pursuant to the requirements of section 256.9, subsection 50, and from offering an abstinence-based or abstinence-only curriculum in meeting the human sexuality component of the human growth and development requirements of this section and section 256.11.

88 Acts, ch 1018, §3, 5, 6; 90 Acts, ch 1253, §121; 91 Acts, ch 218, §19; 2007 Acts, ch 98, §4

Referred to in §256.11

APPENDIX F

Iowa Department of Education Sexuality Education Curricular Recommendations

Iowa Department of Education

February 2012

Age-appropriate/Research-Based Information for Human Growth and Development

The following list includes examples of age-appropriate and research-based materials and resources which schools and school districts may use to update their human growth and development curricula regarding sexual exploitation by means of the Internet, health and wellness literacy, sexually transmitted diseases (including HPV), and human sexuality. These items are not intended to represent an exhaustive list. This list will be reviewed/updated on an annual basis. The list addresses Iowa Code 256.9(54) to develop and make available to school districts, resource-based materials and resources. Additional research-based materials and resources are available from many other sources including survey data.

| Research-Based, Age Appropriate, and Recognized as Medically Accurate and Objective | Citation | Type | Targeted Age Group | Internet Sexual Exploitation | HPV and Vaccine | HIV | Human Sexuality | Health & Wellness Literacy |
|---|--|---------------------------|-------------------------------------|------------------------------|-----------------|-----|-----------------|----------------------------|
| 17 Characteristics of Effective Sex and STD/HIV Education Programs, Kirby, D., Laris, B.A., & Rollieri, L. (2006). <i>Sex and HIV Programs for Youth: Their Impact and Important Characteristics</i> . Washington, DC: Healthy Teen Network. | http://www.etr.org/ocapp/documents/programs/SexIHRVndProg.pdf | Research-Based Resource | Teens | | | X | X | X |
| AB4You (ETR Associates) The primary goal of AB4You is to reduce the number of students who have unprotected sexual intercourse, which is associated with increased risk of HIV, other sexually transmitted diseases (STDs), and unplanned pregnancy. | http://www.etr.org/ocapp/index.cfm?section=pages.phpDetail&PageID=627 www.cdc.gov/healthyouth/yrbs/data/alternativetoab4you98.pdf | Research-based Curriculum | Alternative High School Age 14 - 18 | | | X | | X |
| American Academy of Pediatrics. <i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents</i> (3 rd Ed.). (2008). Theme 8: Promoting Healthy Sexual Development and Sexuality, p. 169-175. IL: Elk Grove Village: AAP | <i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents</i> (3 rd Ed.). (2008). Theme 8: Promoting Healthy Sexual Development and Sexuality, p. 169-175. IL: Elk Grove Village: AAP Retrieved October 5, 2008 from http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html | Research-Based Curriculum | P-12 | X | X | X | X | X |
| Basic Information on HIV and AIDS Centers for Disease Control (CDC) | http://www.cdc.gov/hiv/topics/basic/index.htm | Research-Based Resource | 6-12 grades | | | X | X | X |
| Becoming a Responsible Teen (BART) (ETR Associates) | http://www.etr.org/ocapp/index.cfm?section=pages.phpDetail&PageID=2 | | | | | X | X | X |
| Be Proud! Be Responsible! Curriculum http://www.selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/ | Loretta Sweet Jemmott, Ph.D., R.N., F.A.A.N., John B. Jemmott III, Ph.D., and Konstance A. McCaffree, Ph.D. http://www.etr.org/ocapp/index.cfm?section=pages.phpDetail&PageID=1 | Research-Based Curriculum | Age 13-18 | | | X | X | X |
| Centers for Disease Control (CDC) Characteristics of Effective Health Education Curricula (SHER). | http://www.cdc.gov/healthyouth/SHER/characteristics/index.htm Reference list | Research-Based Resource | P-12 | X | X | X | X | X |

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| Research-Based, Age Appropriate, and Recognized as Medically Accurate and Objective | Citation | Type | Targeted Age Group | Internet Sexual Exploitation | HPV and Vaccine | HIV | Human Sexuality | Health & Wellness Literacy |
|---|--|---------------------------|----------------------------|------------------------------|-----------------|-----|-----------------|----------------------------|
| CDC: Healthy Youth. Health Topics: Sexual Behaviors: School Health Guidelines. Guidelines for effective School Health Education to Prevent the Spread of AIDS. | http://www.cdc.gov/healthyouth/sexualbehaviors/guidelines/index.htm | Research-Based Resource | P-12 | X | X | X | X | X |
| CDC: HIV/AIDS among Youth | statistics, topics, resources http://www.cdc.gov/hiv/youth/index.htm | Research-Based Resource | Teens | | | X | X | X |
| CDC: School Health Education Resources (SHER). | Search for many health topics, grade, and resources http://apps.nccol.cdc.gov/sher/ | Research-Based Resource | P-12 | | X | X | X | X |
| Centers for Disease Control and Prevention, Division of Adolescent and School Health | http://www.cdc.gov/healthyouth | Research-Based Resource | Teens | | X | X | X | X |
| Centers for Disease Control and Prevention, Division of Reproductive Health | http://www.cdc.gov/reproductivehealth/index.htm | Research-Based Resource | Teens | | | | X | X |
| Centers for Disease Control and Prevention: HIV/AIDS | http://www.cdc.gov/hiv | Research-Based Resource | Teens | | | X | X | X |
| Centers for Disease Control and Prevention, HIV/AIDS Research | http://www.cdc.gov/hiv/topics/research/index.htm | Research-Based Resource | Teens | | | X | X | X |
| Changing the Scene/Teen Outreach Program/TOP (Wyman) The program was designed to reduce teen pregnancy rates and school failure by providing adolescents with a broad spectrum of developmental opportunities. | http://www.promisingpractices.net/program.asp?programid=144&programinfo http://www.etr.org/ocapp/index.cfm?section=pages.phpDetail&PageID=575&PageTypeID=2 | Research-based Curriculum | Ages 12-17 Grades 6- 12 | | | X | | |
| Child Trends Data Bank | http://www.childtrends.org/ | Research-Based Resource | All | | | | X | X |
| Child Trends Guide to Effective Programs for Children and Youth: Teen pregnancy & Reproductive Health | http://www.childtrends.org/files/concept/programs_ages_teenpregreprohealth.htm | Research-Based Resource | All | | | | X | X |
| Child Trends "What Works" program table for reproductive health | http://www.childtrends.org/what_works/youth_development/table_a_drhealth.asp | Research-Based Resource | All | | | | X | X |

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| Research-Based, Age Appropriate, and Recognized as Medically Accurate and Objective | Citation | Type | Targeted Age Group | Internet Sexual Exploitation | HPV and Vaccine | HIV | Human Sexuality | Health & Wellness Literacy |
|---|--|---------------------------|--------------------|------------------------------|-----------------|-----|-----------------|----------------------------|
| <i>Crimes Against Children</i> | Crimes Against Children Research Center www.oah.edu/crc/ | Research-Based Resource | All | X | | | | |
| <i>Cuidate!</i> (Select Media) „Cuidate! (Take Care of Yourself) is a small-group, culturally based intervention to reduce HIV sexual risk among Latino youth. | http://www.selectmedia.org/customer.service/evidence-based-curricula/cuidate/ http://www.cdc.gov/hiv/topics/research/pressresources/factsheets/cuidate.htm http://www.effectiveinterventions.org/en/Interventions/Cuidate.aspx | Research-based Curriculum | Latino Grades 8-11 | | | X | | X |
| Curricula and resources. Teaching about responsible Choices for Sexual Health (4 th Ed.). | http://www.docstoc.com/docs/27382662/Responsible-Choices-for-Sexual-Health | Research-Based Resource | All ages | | | X | X | X |
| <i>Diffusion of Evidence-Based Intervention (DEBI)</i> found on CDC Division of HIV and AIDS Prevention | http://www.effectiveinterventions.org/ | Research-Based Resource | Teens | | | X | | X |
| <i>Draw the Line/Respect the Line</i> (ETR Associates) | *Coyle, K., Marin, B., Gardner, C., Cummings, J., Gomez, C., & Kirby, D. (2003). <i>Draw the Line/Respect the Line: Setting Limits to Prevent HIV, STD and Pregnancy: Grade 7</i> . Scotts Valley, CA: ETR Associates. *Marin, B., Coyle, K., Cummings, J., Gardner, C., Gomez, C., & Kirby, D. (2003). <i>Draw the Line/Respect the Line: Setting Limits to Prevent HIV, STD and Pregnancy: Grade 8</i> . Scotts Valley, CA: ETR Associates. *Marin, B., Coyle, K., Gomez, C., Jirich, S., & Kirby, D. (2003). <i>Draw the Line/Respect the Line: Setting Limits to Prevent HIV, STD and Pregnancy: Grade 6</i> . Scotts Valley, CA: ETR Associates. http://www.etr.org/rcapp/index.cfm?taskaction=pages.phpDetail&PageID=624 | Research-Based Curriculum | 6,7,8 grades | | | X | X | X |
| <i>Focus on Youth</i> (ETR Associates) | http://www.etr.org/rcapp/index.cfm?taskaction=pages.phpDetail&PageID=125&PageTypeID=2 | Research-Based Curriculum | Grades 5-10 | | | X | X | X |
| Genital HPV Infection fact sheet | CDC: http://www.cdc.gov/std/HPV/STDFactHPV.htm | Research-Based Resource | Adolescents | | X | | | X |

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|---|---|---------------------------|---|------------------------------|-----------------|-----|-----------------|----------------------------|
| <i>Health Smart</i> K-12 6 Health Education Program. Addresses 6 CDC risks areas. Grades K-4, 5-6, Middle School, High School. ETR Associates. K-6: feelings, bullying, resolve conflicts, respect bodies, prevent spread disease, set goals healthy future | http://pub.etr.org/ProductDetails.aspx?id=240000&itemno=5020 http://pub.etr.org/ProductDetails.aspx?id=230000&itemno=18070 http://pub.etr.org/ProductDetails.aspx?id=230000&itemno=18090 | Research-Based Resource | K-12 Curriculum Research-Based Resource | X | X | X | X | X |
| HPV medical information links | http://www.nlm.nih.gov/medlineplus/hpv.html | Research-Based Resource | Adolescents | | X | | | X |
| HIV/STD and Sexuality Prevention Education | Educational Materials Center http://www.emc.cmich.edu/HIV/default.htm | Research-Based Curriculum | 6-12 Grades | | X | X | X | |
| HPV Vaccine Information for Young Women, CDC HPV facts/ statistics/ educators resources | Centers for Disease Control and Prevention (CDC) HPV Vaccination: http://www.cdc.gov/vaccines/vpd/vac/hps/default.htm Vaccine safety: http://www.cdc.gov/vaccine/safety/vacc/safedail.htm | Research-Based Resource | Adolescents | | X | | | X |
| <i>Innovative Approaches to Increase Parent-Child Communication About Sexuality: Their Impact and Examples from the Field</i> . (2002). New York, NY: Sexuality Information and Education Council of the United States (SIECUS). | http://puba.confex.com/pub/132am/techprogram/paper_78996.htm | Research-Based Resource | All | | | | X | X |
| <i>It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention</i> . (2006). Washington, DC: National Campaign to Prevent Teen Pregnancy. | http://www.thenationalcampaign.org/resources/pdf/pubs/Guy_Thing.pdf | Research-Based Resource | Teens | | | | X | |
| Kirby, D. (2001). <i>Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy</i> . Washington, DC: National Campaign to Prevent Teen Pregnancy. | http://www.nba.org/MainMenu/SchoolHealth/SearchSchoolHealth/EmergingAnswersResearchFindingsonProgramstoReduceTeenPregnancy.aspx | Research-Based Resource | Teens | | | X | X | X |
| Kirby, D. (2007). <i>Emerging Answers 2007. Research-Based Resource Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases</i> . Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. | Full Report: http://www.thenationalcampaign.org/EA2007/ Summary: http://www.thenationalcampaign.org/resources/pdf/pubs/EA2007SUM.PINAI.pdf | Research-Based Resource | K-12 | | X | X | X | X |

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February 2012

| Research-Based, Age Appropriate, and Recognized as Medically Accurate and Objective | Citation | Type | Targeted Age Group | Internet Sexual Exploitation | HPV and Vaccine | HIV | Human Sexuality | Health & Wellness Literacy |
|---|--|---------------------------|--------------------|------------------------------|-----------------|-----|-----------------|----------------------------|
| Klerman, K. (2004). <i>Another Chance: Preventing Additional Births to Teen Mothers</i> . Washington, DC: National Campaign to Prevent Teen Pregnancy | Full Report: http://www.thenationalcampaign.org/resources/pdf/pubs/AnotherChance_FINAL.pdf Summary: http://www.thenationalcampaign.org/resources/pdf/pubs/AnotherChanceSUM_FINAL.pdf | Research-Based Resource | Teens | | | | X | X |
| Love U2 | The Dibble Institute http://www.buildingrelationshipskills.org/ | Research-Based Curriculum | MS-HIS | | | X | | X |
| Making A Difference (Select Media) | http://www.selectmedia.org/customer-service/evidence-based-curricula/making-a-difference/ | Research-Based Curriculum | Age 11-13 | | | X | X | X |
| Making Proud Choices! (Select Media) | http://www.selectmedia.org/customer-service/evidence-based-curricula/making-proud-choices/ | Research-Based Curriculum | 9-12 Grades | | | X | X | X |
| Manlove, J., Franzetta, K., McKinney, K., Romano Papillo, A., & Terry-Hamen, E. (2004). <i>A Good Time: After-School Programs to Reduce Teen Pregnancy</i> . Washington, DC: National Campaign to Prevent Teen Pregnancy. | http://www.thenationalcampaign.org/resources/pdf/pubs/AGoodTime.pdf | Research-Based Resource | Teens | | | X | X | X |
| Manlove, J., Franzetta, K., McKinney, K., Romano Papillo, A., & Terry-Hamen, E. (2004). <i>No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School-Aged Youth</i> . Washington, DC: National Campaign to Prevent Teen Pregnancy. | http://www.thenationalcampaign.org/resources/pdf/pubs/No_Time.pdf | Research-Based Resource | Teens | | | | X | X |
| Manlove, J., Papillo, A. R., & Brammhall, E. (2004). <i>Not Yet: Programs to Delay First Sex Among Teens</i> . Washington, DC: National Campaign to Prevent Teen Pregnancy. | http://www.thenationalcampaign.org/resources/pdf/pubs/NotYet.pdf | Research-Based Resource | Teens | | | | X | |
| Manlove, J., Terry-Hamen, E., Papillo, A. R., Franzetta, K., Williams, S., & Ryan, S. (2002). <i>Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases: What the Research Shows</i> (research brief). Washington, DC: Child Trends and the Knight Foundation. | http://www.childtrends.org/files/K118.pdf | Research-Based Resource | Teens | | | X | X | |

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|--|---|---------------------------|---|-------------------------------------|------------------------|------------|------------------------|---------------------------------------|
| Michigan Model for Health Curriculum K-12 | Educational Materials Center http://www.emc.cmsch.edu/mm/ | Research-Based Curriculum | 4-6 Grades 7-8, 9-12 | | X | X | X | X |
| Papilio, A. R., & Manlove, J. (2004). <i>Science Says: Early Childhood Programs</i> . Washington, DC: The National Campaign to Prevent Teen Pregnancy. | http://www.childcaresearch.org/location/4296 | Research-Based Resource | All | | | | X | X |
| Planned Parenthood | Classroom Activities: http://www.plannedparenthood.org/resources/session-plans/classroom-activities-4500.htm REAL Life Kit: http://www.plannedparenthood.org/real-life-kit/14319.htm?_atmc=1.925857212.1323354191.1323354191.1323354191&_atmc=1.10.1323354191&_atmc=1.1323354191&_atmc=1.1323354191.1.1.atmc=direct&utmccid=direct&utmclid=none&_atmc=d&_atmk=238837632 | Research-Based Resource | All ages | | X | X | X | X |
| Power Through Choices (NRCYS) This curriculum is focused on foster care youth. It is not a classroom curriculum but could be used in an after school program or community-based program. The original curriculum is currently updated and new research on the new curriculum has been done. New curriculum will be available in 2012. | www.nrcys.ca/en  Power Through Choices Curriculum - I | Research-Based Curriculum | Youth in out-of-home-care Ages 14-18 | | X | X | | X |
| Promoting Health Among Teens: Abstinence-Only Curriculum (Select Media) An abstinence-based intervention designed to improve awareness and knowledge about HIV and sexually transmitted infections (STIs); increase understanding of how abstinence can prevent pregnancy, HIV, and STIs; and build refusal and negotiation skills for practicing abstinence. | http://www.selectmedia.org/customer-service/cxidease-based-curricula/promoting-health-among-teens/ | Research-based Curriculum | Grades 6 & 7 | | | | X | X |
| Puberty the Wonder Years | Educational Materials Center http://www.emc.cmsch.edu/products/puberty80500P.htm | Research-Based Curriculum | Upper elementary, | | X | X | X | X |

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|--|--|---------------------------|-----------------------|------------------------------|-----------------|-----|-----------------|----------------------------|
| Reducing the Risk (ITR Associates) | Burth, R. P. (2004). <i>Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV</i> . Scotts Valley, CA: ITR Associates. http://www.etr.org/ncapp/index.cfm?section=pages.ehpDetail&PageID=129&PageTypeID=2 | Research-Based Curriculum | 9-12 | | | X | X | X |
| Safer Choices (ETR Associates) *Coyle, K., & Petro, J. V. (1998). <i>Safer Choices: Preventing HIV, Other STD and Pregnancy: Level 2</i> . Scotts Valley, CA: ETR Associates. | http://www.etr.org/ncapp/index.cfm?section=pages.ehpDetail&PageID=131&PageTypeID=2 | Research-Based Curriculum | 9-12 Grades | | | X | X | X |
| <i>Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections</i> . (2003). Washington, DC: Advocates for Youth. | http://www.advocatesforyouth.org/programs/thatwork | Research-Based Resource | Teens | | | X | X | X |
| <i>Science-Based Practices: A Guide for State Teen Pregnancy Prevention Organizations</i> . (2004). Washington, DC: Advocates for Youth. | http://www.advocatesforyouth.org/publications/frp/guide.htm | Research-Based Resource | Teens | | | | X | X |
| Sexuality Information and Education Council of the United States (SIECUS). (2008). Resources online including: Community Action Toolkit Coalition; SexEd Library; and more. NY and DC. | http://www.communityactionkit.org | Research-Based Resource | All ages | | X | X | X | X |
| SHLE (PASHA) DiClemente, R., Wingood, G., Harrington, K., Lang, D., Davies, S., Hook, B. W., III, et al. (2006). <i>SHLE: Health Workshops for Young Black Women</i> . Los Altos, CA: Sociometrics. | http://www.socio.com/hch/summary/pasha/fall/past23.htm http://www.effectiveinterventions.org/en/interventions/SHLE_E.aspx | Research-Based Curriculum | Age 14-18 | | | X | X | X |
| Solomon, J., & Card, J. J. (2004). <i>Making the List: Understanding, Selecting, and Replicating Effective Teen Pregnancy Prevention Programs</i> . Washington, DC: The National Campaign to Prevent Teen Pregnancy. | http://www.thenationalcampaign.org/resources/pdf/pubs/MakingTheList.pdf | Research-Based Resource | Teens | | | | X | X |
| <i>Teen Health (Course 1.2, & 1)</i> http://www.mhonline.com/discipline/nursing/2/21/99/ | Glencoe/McGraw-Hill 818-615-2659 www.glencoe.com | Research-Based Curriculum | MS-HS | | | | | X |
| The Great Body Shop (The Children's Health Market, Inc.) | http://www.thegreatbodyshop.net/frame.asp?NT=undefined | Research-based Curriculum | Pre-K – Middle School | | | X | X | X |

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|---|---|---------------------------|----------------------|------------------------------|-----------------|-----|-----------------|----------------------------|
| The Joint Committee on National Health Education Standards. <i>National Health Education Standards, Achieving Excellence (2nd Edition)</i> . Atlanta: American Cancer Society, 2007. (Standards (8) and Performance Indicators Pre-K-12). | <i>National Health Education Standards, Achieving Excellence</i> . Retrieved September 1, 2008 from http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm | Research-Based Resource | 6-12 Grades | | | | X | X |
| The National Campaign to Prevent Teen and Unplanned Pregnancy. (2008). <i>What Works: Curriculum-Based Programs That Prevent Teen Pregnancy</i> . Washington, DC: The National Campaign. | https://hscare2.com/ro.net/thencc/site/thencc/7952123810/YIF_W_PRODUCT=trao/product_id=1324&store_id=1181 | Research-Based Resource | Ages 9-18 | | | X | X | X |
| <i>Tips for parents and educators on electronic media and youth violence</i> . To help parents and educators better understand and address "electronic aggression," (any kind of aggression perpetrated through technology which also includes any type of harassment or bullying) | http://www.cdc.gov/ViolencePrevention/youthviolence/electronicaggression/ "Electronic media and youth violence: A CDC issue brief for educators and caregivers" http://www.cdc.gov/violenceprevention/pd/EA-brief-a.pdf | Research-Based Resource | 6-12 grades | X | | | | X |
| TipSheet-a.pdf Publications include: a review of most current research; examples to help parents and educators identify electronic aggression; prevention tips for parents and caregivers; prevention strategies for educators and educational policy makers; and prevention tactics for school districts, policy makers and parents. | | | | | | | | |
| Wise Guys (Family Life Council, division of Children's Home Society of NC). The program is designed to prevent adolescent pregnancy by reaching adolescent males. The program acknowledges young males as "whole" individuals with a variety of needs and desires. http://www.wiseguysnc.org/default.asp | http://www.wiseguysnc.org/default.asp http://www.wiseguysnc.org/curriculum.htm | Research-based Curriculum | Young men Ages 11-17 | | X | X | | X |

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APPENDIX G

Interview Protocol

Interviewee (Title and Name):

Interviewer:

Interview Status:

- A. Administrator- initial
- B. Administrator- follow-up
- C. Curriculum Coordinator- initial
- D. Curriculum Coordinator- follow-up
- E. Other administrator- initial
- F. Other administrator- follow-up
- G. Educator- initial
- H. Educator- follow-up
- I. School board member- initial
- J. School board member- follow-up

*Follow-up interviews will be conducted approximately 2-4 weeks following initial interviews, at the discretion of each participant. The researcher, based on the status of the study, will determine follow-up interview necessity.

Interview Method:

- A. In-person (preferred method)
- B. Skype

Documents Obtained:

Post Interview Comments or Leads:

Tentative Interview Questions

*Interview format will follow ethnographic approach, allowing for more of a conversation, along with follow-up and clarification questions as they present themselves

Background (all):

1. Where are you from originally?

2. How long have you been in your current position?
3. How long have you been working in education overall?
4. Where did you receive your education/teacher/administrative preparation?
5. Briefly describe your role in making curricular decisions in the district.

Specific Questions (all):

6. What are you currently working on with regard to sexuality education (if anything)?
7. How would you describe the sexuality education curriculum in place right now? When was the policy adopted? Was it a new policy or an adaptation of a previous policy?
8. What feedback have you received from others in the community about the curriculum? Advice on implementation?
9. How would you describe the current public/community opinions/beliefs about sexuality education?
10. What are the general educational goals for the school district? How does sexuality education fit into those goals?
11. How will/does it meet the needs of students? Feedback from students?
12. What is your understanding of district, state, and federal regulations/policies regarding the teaching of sexuality education? What resources have you received from the state for implementing sexuality education?

13. What guidance is given to sexuality educators regarding policy implementation?
14. What are your thoughts on the age appropriateness of sexuality education?
15. Whose responsibility is it to talk to young people about sexuality-related topics/issues?
16. Is there a district policy regarding condom or other contraceptive distribution?
17. Have you spoken with administrators in other districts about this topic, and if so, what have those conversations entailed?

Questions (educators):

18. How would you describe the pedagogical techniques for instruction?
19. What is your preparation background in sexuality education?
20. Are there guidelines regarding interactions with students concerning issues of sexuality, as you understand it?
21. Are you aware of available outside resources or instruction for students on topics of sexuality?

Closing Key Components

22. Is there anything more that you'd like to add?

APPENDIX H

Letter to Administrators

«Administrator»
«Title»
«District_Name» School District
«County_Name» County

December 10, 2012

Good Afternoon,

My name is Adam Foley and I am a graduate student in the School of Education at Iowa State University. I am conducting a research project that looks at how individuals within rural school districts in Iowa receive and implement state and federal sex education policies. My hope is to provide a clearer picture of the way in which policy information is interpreted and implemented in this area of the educational curriculum.

As the «Title» for the «District_Name» school district, I am hoping that I might begin a dialogue with you in the hope that you would be willing to work with my on this project. My goal is to interview individuals in the district responsible for policy implementation, such as district office staff and individual school principles, in order to get a clearer picture of how sex education policy is understood and implemented.

I would be happy to speak with you over the phone in order to provide more details and answer any questions you might have regarding my project and your district's potential involvement. If you feel as though my email would be more appropriately directed to another individual, please feel free to forward this email directly to them or provide me with their contact information, and I would be happy to reach out to them. I can be reached by email at adamf@iastate.edu or by phone at 515.231.9474.

Thank you in advance for your time and I look forward to hearing from you!

Sincerely,

Adam

Adam Foley
Iowa State University
Doctoral Candidate, Curriculum & Instruction

APPENDIX I

Institutional Review Board Approval

Date: 12/4/2012

To: Adam Foley
351 Carver Hall

CC: Dr. Warren J Blumenfeld
N128 Lagomarcino Hall

From: Office for Responsible Research

Title: Sexuality Education Policy Implementation in Three Rural Midwestern Communities: A Comparative Case Study

IRB ID: 12-573

Study Review Date: 12/3/2012

The project referenced above has been declared exempt from the requirements of the human subject protections regulations as described in 45 CFR 46.101(b) because it meets the following federal requirements for exemption:

- (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey or interview procedures with adults or observation of public behavior where
 - Information obtained is recorded in such a manner that human subjects cannot be identified directly or through identifiers linked to the subjects; or
 - Any disclosure of the human subjects' responses outside the research could not reasonably place the subject at risk of criminal or civil liability or be damaging to their financial standing, employability, or reputation.

The determination of exemption means that:

- **You do not need to submit an application for annual continuing review.**
- **You must carry out the research as described in the IRB application.** Review by IRB staff is required prior to implementing modifications that may change the exempt status of the research. In general, review is required for any modifications to the research procedures (e.g., method of data collection, nature or scope of information to be collected, changes in confidentiality measures, etc.), modifications that result in the inclusion of participants from vulnerable populations, and/or any change that may increase the risk or discomfort to participants. Changes to key personnel must also be approved. The purpose of review is to determine if the project still meets the federal criteria for exemption.

Non-exempt research is subject to many regulatory requirements that must be addressed prior to implementation of the study. Conducting non-exempt research without IRB review and approval may constitute non-compliance with federal regulations and/or academic misconduct according to ISU policy.

Detailed information about requirements for submission of modifications can be found on the Exempt Study Modification Form. A Personnel Change Form may be submitted when the only modification involves changes in study staff. If it is determined that exemption is no longer warranted, then an Application for Approval of Research Involving Humans Form will need to be submitted and approved before proceeding with data collection.

Please note that you must submit all research involving human participants for review. **Only the IRB or designees may make the determination of exemption**, even if you conduct a study in the future that is exactly like this study.

Please be aware that **approval from other entities may also be needed**. For example, access to data from private records (e.g. student, medical, or employment records, etc.) that are protected by FERPA, HIPAA, or other confidentiality policies requires permission from the holders of those records. Similarly, for research conducted in institutions other than ISU (e.g., schools, other colleges or universities, medical facilities, companies, etc.), investigators must obtain permission from the institution(s) as required by their policies. **An IRB determination of exemption in no way implies or guarantees that**

permission from these other entities will be granted.

Please don't hesitate to contact us if you have questions or concerns at 515-294-4566 or IRB@iastate.edu.

APPENDIX J

Iowa Core 21st Century Health Literacy Standards

Iowa Core Curriculum 21st Century Skills: Health Literacy

Grades K-2

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| |
| Understand and use basic health concepts to enhance personal, family, and community health. |
| Understand and use interactive literacy and social skills to enhance personal, family, and community health. |
| Recognize critical literacy/thinking skills related to personal, family and community wellness. |
| Identify influences that affect personal health and the health of others. |
| Demonstrate behaviors that foster healthy, active lifestyles for individuals and the benefit of society. |

Grades 3-5

| |
|--|
| Obtain, interpret, understand and use basic health concepts to enhance personal, family, and community health. |
| Utilize interactive literacy and social skills to establish personal family, and community health goals. |
| Demonstrate critical literacy/thinking skills related to personal, family, and community wellness. |
| Recognize that media and other influences affect personal, family and community health. |
| Demonstrate behaviors that foster healthy, active lifestyles for individuals and the benefit of society. |

Grades 6-8

| |
|--|
| Demonstrate functional health literacy skills to obtain, interpret, understand and use basic health concepts to enhance personal, family and community health. |
| Utilize interactive literacy and social skills to establish personal, family, and community |

| |
|---|
| health goals. |
| Apply critical literacy/thinking skills related to personal, family and community wellness. |
| Employ media literacy skills to analyze media and other influences to effectively manage personal, family and community health situations. |
| Demonstrate behaviors that foster healthy, active lifestyles for individuals and the benefit of society. |

Grades 9-12

| |
|--|
| Demonstrate functional health literacy skills to obtain, interpret, understand and use basic health concepts to enhance personal, family, and community health. |
| Synthesize interactive literacy and social skills to establish and monitor personal, family and community goals related to all aspects of health. |
| Apply critical literacy/thinking skills related to personal, family and community wellness. |
| Use media literacy skills to analyze media and other influences to effectively manage health risk situations and advocate for self and others. |
| Demonstrate behaviors that foster healthy, active lifestyles for individuals and the benefit of society. |